## L2200466825

	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
	(On ) Otal or Elph Hollow)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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Special Instructions to	Filing Officer:
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Office Use Only

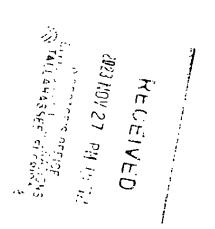


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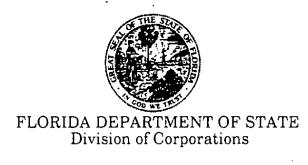


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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624

EXAMINER'S INITIALS:\_\_\_\_\_

US MOVING GROUP LLC L22000	466825
BUSINESS (Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Filing	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP PLLC	
OTHER FILINGS	REGISTERATION/QUALIFICATION
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement Statement of Authority
APOSTIL (	Other



November 28, 2023

FLORIDA CAPITAL COURIER SERVICES, INC.

TALLAHASSEE, FL 32309

SUBJECT: US MOVING GROUP LLC

Ref. Number: L22000466825

We have received your document for US MOVING GROUP LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 623A00027114



## COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
	ING GROUP LLC		
	Name of Lit	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	TIERRE SANDERS		
		Name of Person	·
		Firm/Company	
	Name of Person  US MOVING GROUP LLC  Firm/Company  1835 S PERIMETER RD #165  Address  FT. LAUDERDALE, FL 33309  City/State and Zip Code INFO@USMOVINGGROUP.US  E-mail address: (to be used for future annual report notification)  her information concerning this matter, please call:  E SANDERS  at (		
	- H-1	Address	<del></del>
	FT. LAUDERDALE, FL.	33309	
	INFO@USMOVINGGRO	•	
			tification)
For further information of	concerning this matter, please e	all:	
FIERRE SANDERS			
Name c	d Person	Area Code Dayti	me Telephone Number
inclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address:	
Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED **OF**

US MOVING GROUP LLC

(Name of the Limite	d Liability Comp	any as it now appea	rs on our records.) AH 9: 20		
The Articles of Organization for this Limited Liz Florida document number <u>L22000466825</u>			The Control of State		
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	oility company he	ere:		
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the d	esignation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applical		1835 S PERIMTER RD			
(Principal office address MUST BE A STREET	ADDRESS)	SUITE 165			
		FT. LAUDERD	ALE, FL 33309		
Enter new mailing address, if applicable:		2297 CORDOBA BEND			
Mailing address MAY BE A POST OFFICE BOX)		WESTON, FL 3	3327		
3. If amending the registered agent and/or registered office address  Name of New Registered Agent:	istered office a <u>here</u> :	address on our re	cords, enter the name of the new registered		
New Registered Office Address:	2297 CORDOB	BA BEND			
isew registered Office Address:	Enter Florida street address				
	WESTON		Florida 33327		
		City	Zip Code		
iew Registered Agent's Signature, if changing Reg	gistered Agent:				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TIERRE SANDERS	2297 CORDOBA BEND	□Add
		WESTON, FL 33327	U//00
			□Remove
<del></del>			
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