

L22000488562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

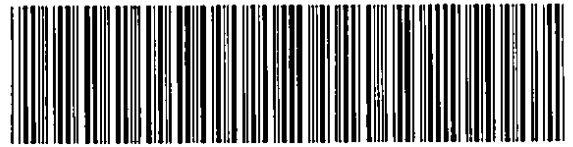
(Business Entity Name)

(Document Number)

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2023 MAY 24 11:10:45

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Moore's transportation LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Moore
Name of Person

Moore's Transportation LLC
Firm/Company

715 E. Lime st apt 1112
Address

tarpon springs, FL 34689
City/State and Zip Code

rmoores, moore@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Moore at (727) 641-1930
Name of Person Area Code Daytime Telephone Number

RECEIVED 7/10/15

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MOORE'S Transportation LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11-09-2022 and assigned
Florida document number L22000488562

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

715 E. Limest apt 1112
Tarpon Springs, FL 34689

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

715 E. Limest apt 1112
Tarpon Springs, FL 34689

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Robert Moore

New Registered Office Address:

715 E. Limest apt 1112

Enter Florida street address

Tarpon Springs

City

Florida

34689

Zip Code

New Registered Agent's Signature, if changing Registered 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.

Robert Moore

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Courtney Reese	320 S Grosseave apt A	<input type="checkbox"/> Add
		Tarpon Springs, FL	<input checked="" type="checkbox"/> Remove
		34689	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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