

L23000164271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

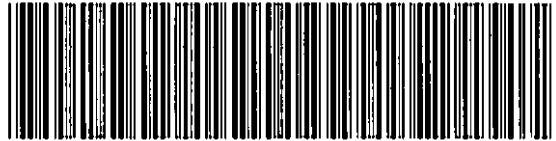
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL 12 2023

Office Use Only



900412052889

2023 JUL 12 PM 12:34
RECEIVED
LABORATORY

FBI

07/12/23--01002--024 **25.00

40

2023 JUL 12 AM 11:57

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J AND E MOVING PROS 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:

STEPHANIE MARQUEZ

Name of Person

J AND E MOVING PROS LLC

Firm/Company

2950 VICTORIA DR

Address

KISSIMMEE, FL 34746

City/State and Zip Code

SALES@JANDEMOVINGPROSLLC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE MARQUEZ

407

335-8078

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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**

2023 JUL 12 PM 12:33
SECRETARY
TALLAHASSEE

J AND E MOVING PROS 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 04/03/2023 and assigned
Florida document number L23000164271.

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:

2950 VICTORIA DR

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE, FL 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

STEPHANIE MARQUEZ

New Registered Office Address:

2950 VICTORIA DR

Enter Florida street address

KISSIMMEE


City

, Florida 34746

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.



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>
AMBR	STEPHANIE MARQUEZ	2950 VICTORIA DR	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Change
AMBR	JOSE A. ECHEVARRIA	2950 VICTORIA DR	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		KISSIMMEE, FL 34746	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]


E. Effective date, if other than the date of filing: _____ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY 12, 2023


Signature of a member or authorized representative of a member


Typed or printed name of signee

Stephanie Marquez
Typed or printed name

Typed or printed name of signee

Filing Fee: \$25.00