

L23 000 266 114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

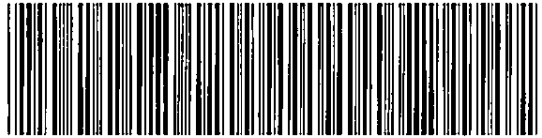
(Business Entity Name)

(Document Number)

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08/12/24--01035--006 **25.00

2023 JUL 12 PM 2:28
SHELBY COUNTY
TALL 10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Move 4 Knowledge

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:

Tracy Spayd

Name of Person

Move 4 Knowledge

Firm/Company

8085 NW 15th Manor

Address

Plantation, Florida 33322

City/State and Zip Code

move4knowledge@gmail.com

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

2011 MAY 12 PM 2:28
SECRETARY OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Tracy Spayd

954

560-8266

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**

MOVE 4 KNOWLEDGE

(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 08/07/2024 and assigned
Florida document number L23000266114.

This amendment is submitted to amend the following:

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

N/A

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)

8085 NW 15th Manor

Plantation, Florida 33322

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8085 NW 15th Manor

Plantation, Florida 33322

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

City

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>
MGR	Sheib, Sabrina	5747 NW 127th Terrace	<input type="checkbox"/> Add
		Coral Springs, Florida 33076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Spayd, Tracy	8085 NW 15th Manor	<input checked="" type="checkbox"/> Add
		Plantation, Florida 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Spayd, Tracy	8085 NW 15th Manor	<input checked="" type="checkbox"/> Add
		Plantation, Florida 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STAFF

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

N/A

2014 JUN 12 PM 2:28
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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 August 7, 2024

Tracy Spayd
Signature of a member or authorized representative of a member

Tracy Spayd

Typed or printed name of signee

Filing Fee: \$25.00