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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of	Corporations
Fax Number	: (850)617-6383

From:

Account Name : IDEAS CARVAJAL LLC Account Number : I20220000006 Phone : (321)333-5565 Fax Number : (407)565-5637

\*\*Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAVA EXPRESS LLC

Certificate of Status	0
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Page Count	07
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# COVER LETTER

## TO: Registration Section Division of Corporations

SUBJECT: \_\_\_\_

JAVA EXPRESS 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:

JAVOKHIR JAKHONGIROV

Name of Person

Firm/Company

905 LAKE LILY DR. C331

Address

MAITLAND, FL 32751

City/State and Zip Code

DCARVAJAL@GOALBRIDGEG.COM

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 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

## JAVA EXPRESS LLC

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

This amendment is submitted to amend the following:

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

MOVERAL LLC

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)

Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BOX)

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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:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		11
	Enter Florida street ac	(dr <b>e</b> ss
		, Florida
	City	Zlp 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 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

Title	Name	Address	Type of Action
			🗆 Add
			Remove
			□Change
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			🗆 Chango

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

Effective date, if other than the date of filing:					
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Typed or printed name of signes	<u> </u>				