

L23000298019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

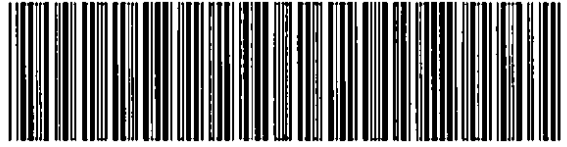
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2023 JUL -7 PM 3:04

S. ROBERTS

JUL 10 2023

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

• (850) 524-6243

Please use this account number for payment: 120210000160: \$25.00\_\_

Authorization Signature: 

**Orlando Moving and More, LLC**

**L23000298019**

Business

Doc#

   **Certified Copy of Articles**

   **Certificate of Status**

**NEW FILINGS**

   Profit Corp

   Not for Profit

   Officer/Director

   Limited Liability

   Domestication

   Other

   **CORP**

   **LLLP**

**AMENDMENTS**

  X   Amendment

   Resignation of R.A. or member

   Dissolution

   Change of Registered Agent

   Revocation of Dissolution

   Merger

   **Conversion**

   **Amended and restated Articles**

           **Statement of Authority**

**OTHER FILINGS**

           **Trademark**

   Annual Report

   Fictitious Name

   APOSTILLE:

**Country**

**REGISTRATION/QUALIFICATIONS**

   Foreign filing

   Limited Partnership

   Reinstatement

           Other

**EXAMINER'S INITIALS:**

# Cover Letter

O: Registration Section  
Division of Corporations

SUBJECT: ORLANDO MOVING AND MORE, 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:

TRACY SIMPSON  
Name of Person

ORLANDO MOVING AND MORE LLC  
Firm/Company

498 PALMS SPRINGS DRIVE #621  
Address

ALTAMONTE SPRINGS, FL 32701  
City/State and Zip Code

ORLANDOMOVINGANDMORE@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACY SIMPSON at (407) 775 9923  
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

ORLANDO MOVING COMPANY AND MORE, 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 6/21/2023 and assigned  
Florida document number L23000298019

This amendment is submitted to amend the following:

. 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

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

2023.5  
-7  
m  
11:40  
285 Uptown Blvd # 621  
Altamonte Springs FL 32701

. 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:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tracy S. Simpson	285 updown Blvd. #621 Altamonte Springs, FL 32701	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please note that I forgot to add myself as the  
Manager. Thank you

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.

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 17th, 2023



Signature of a member or authorized representative of a member

TRACY S. SIMPSON

Typed or printed name of signee