

11/13/23, 11:16 AM

Division of Corporations

**L23000392154 162175**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Account Number : I20160000067  
Phone : (407)370-3686  
Fax Number : (407)370-3120

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

Email Address: assistant2.larson@larsonacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MOOV DRIVERS SCHOOL JACKSONVILLE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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NOV 14 2023  
T. LEMBUR

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MOOV DRIVERS SCHOOL JACKSONVILLE 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 10/06/2023 and assigned  
Florida document number L23000462175.

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:

8000 OLD KINGS RD

(Principal office address **MUST BE A STREET ADDRESS**)

JACKSONVILLE, FL 32219

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:

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

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
AMBR	OLIVEIRA P DE SOUZA, ANDR	1519 BLUE HERON CT	<input type="checkbox"/> Add
		FLEMING ISLAND, FL 32003	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEXANDRE FELIX DA SILVA	8000 OLD KINGS RD	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**Filing Fee: \$25.00**