L23000479597

| (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: |
| |
| |
| |

Office Use Only



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January 29, 2024

KELLY BARCOL 111 CLAIRE TERR DAYTONA BEACH, FL 32118

SUBJECT: MOVE DAYTONA, LLC Ref. Number: L23000479597

We have received your document for MOVE DAYTONA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

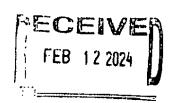
The form you submitted is for a Florida profit corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 724A00001837



COVER LETTER

TO:

Registration Section

| Division of Corp | porations | | | |
|-------------------------------|--|--|--|------------|
| SUBJECT: | More Dayto | ona LLL ted Liability Company | | |
| The enclosed Articles of A | Amendment and fee(s) are subt | nitted for filing. | | |
| Please return all correspon | idence concerning this matter | to the following: | | |
| | Ke | Name of Person | | |
| | | ove Daytona Firm/Company | LLC | 1 ~ |
| | 30 | OO Opportuni | ty Court S | ite D |
| | South Day | Cny/State and Zip Code Cny/State and Zip Code Cny fu (a gn) a to be used for future annual report notif | 52119 | |
| | move d | to be fised for future annual report notif | ication) | |
| For further information co | oncerning this matter, please ca | | | • |
| i | | at (386) 795 | _ 9 7 <u>0</u> 7 Telephone Number | - |
| Enclosed is a check for th | e 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) | <u>c</u> . |
| Mailing Addres Registration S | | Street Address: Registration Sec | | |
| Division of C P.O. Box 632 | orporations | Division of Cor The Centre of T | | |
| P.O. BOX 032 | | | Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Move Dayton | og LLC | |
|--|---|-------------------|
| (<u>Name of the Ifimited Lia</u> (A Flo | bility Company as it now appears on our records.) rida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Florida document number <u>L 2 3 0 0 0 4 7 9</u> | y Company were filed on Jan 1 2023 | and assigned |
| This amendment is submitted to amend the following | : | |
| A. If amending name, <u>enter the new name of the l</u> | imited liability company here: | |
| The new name must be distinguishable and contain the words "I | Limited Liability Company," the designation "LLC" or the abbrevi | ation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET AD | DRESS) | |
| Enter new mailing address, if applicable: | | |
| ., | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registe agent and/or the new registered office address her | ered office address on our records, enter the name of e: | the new registere |
| Name of New Registered Agent: | | |
| Name of New Negligiera Agent. | | |
| New Registered Office Address: | Enter Florida street address | |
| | | ٠ ن. |
| _ | , Florida | ip 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|--|----------------|
| CEO | Kyle Lefebure | 1571 TOWN Park Dr | (TrAdd |
| | , | 1571 TOWN Park Dr Port Orange, FL 32120 | _ □Remove |
| | | | Change |
| | | | 🗆 Add |
| | | | □Remove |
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| 11 4111 | ending any other information, enter change(s).here: (Attach additional sheets, if necessary.) |
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| f an e: Note: | tive date, if other than the date of filing: [fective 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 605.026. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records. |
| reco d is f | rd 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 filed. |
| Datec | Feb 01, 2023. |
| | Signature of a member of authorized representative of a member |
| | Signature of a member or authorized representative of a member |
| | Kelly Karcol |

Filing Fee: \$25.00