



Office Use Only



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SECRUIARY OF STATE TALLAHASSEF FL

## **COVER LETTER**

	gistration Secti vision of Corpo					
OUD INCT	MoveSync, Ll	LC				
SUBJECT:		Name of Limit	ed Liability Company			
		mendment and fee(s) are subn				
		Chavis Johnson	_	_		
			Name of Person	<del> </del>		
	MoveSync LLC					ا در دو
		4	Firm/Company	· · · · · · · · · · · · · · · · · · ·		
		13205 Cherry Bark Circle				
			Address	<del></del> _		
		Riverview, FL 33579				
			City/State and Zip Code	<del></del>		
		chavis@movesync.net	o be used for future annual report notificat	ion)		
For further	information cor	ncerning this matter, please ca		,		
Chavis R J	ohnson Sr		at ()		<del></del>	
	Name of I	Person	Area Code Daytime Te	lephone Number		
Enclosed is	a check for the	following amount:			٠	
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status & y	

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

MoveSync, LLC			
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on our red Liability Company)	cords.)
The Articles of Organization for this Limited L	iability Company	y were filed on 04/16/2024	and assigned
lorida document number L24000180170			
his amendment is submitted to amend the following	owing:		
If amending name, enter the new name of	f the limited lial	bility company here:	
he new name must be distinguishable and contain the	words "Limited Liab	vility Company." the designation "	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli		N/A	
Principal office address MUST BE A STREI	ET ADDRESS)		
nter new mailing address, if applicable:		13205 Cherry Bark Circle	FIL SECRETAR SECRETAR
Mailing address MAY BE A POST OFFICE	BOX)	Riverview, FL 33579	7.67 <b>3</b>
3. If amending the registered agent and/or gent and/or the new registered office addre		address on our records, <u>er</u>	iter the name of the new regist
Name of New Registered Agent:	Chavis R John	nson Sr	
New Registered Office Address:	13205 Cherry		i.
	Riverview	Enter Florida street ac	. Florida <sup>33579</sup>
		City <sup>,</sup>	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>	Address	Type of Action
MGR	Chavis R Johnson Sr	13205 Cherry Bark Circle	\≅Add
		Riverview, FL 33579	_
			□Change
			□Add
			□Rcmove
			Change
			□Add
			□Remove
			Remove
			Change
			Remove
			· Change
			□Add
			Remove

amending any other informa				
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Effective date, if other than the If an effective date is listed, the date many Note: If the date inserted in this document's effective date on the	block does not meet the ap	plicable statutory fili	(optiona more than 90 days after filir ng requirements, this da	l) ng.) Pursuant to 605.0207 (i te will not be listed as th
e record specifies a delayed effect rd is filed.	ive date, but not an effecti	ve time, at 12:01 a.m	. on the earlier of: (b)	The 90th day after the
Dated April 25	2024			
			uo of a mambar	
	Signature of a member of	authorized representati	ve or a member	
Chavis R Johnson SR				
<del></del>	Typed or	printed name of signee		<del></del>

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