L24 000 290 054

(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:
Special instructions to Filing Officer.





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08/07/24--01016--025 **25.00

COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Co			
CUD IE		ving Transport LLC		
SUBJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Lindsey Henderson		
			Name of Person	
		Metro Moving Transport I	LLC	
			Firm/Company	
		7280 Ackerman ave		
		···••	Address	
		Cocoa, Florida, 32927		
			City/State and Zip Code	
		Lindseyhend1038@gmail.c		
			to be used for future annual report notif	fication)
For furth	er information of	concerning this matter, please c	all:	
Lindsey	Henderson		407 8610551 at ()	
	Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed	l is a check for t	he following amount:		
■ \$2 5.	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 Addres		Street Address:	ation
Registration Section Division of Corporations			Registration Section Division of Corporations	
	P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Metro Moving Transport LLC		
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	Liability Company were filed on June 27 2024	and assigned
orida document number		
nis amendment is submitted to amend the fol		
If amending name, enter the new name	of the limited liability company here:	
		24
e new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" of	or the abbreviation "IZL.C."
nter new principal offices address, if appli	ion blas	ر ا
• •		
rincipal office address MUST BE A STRE	<u>ET AUDRESSI</u>	
		
		유
nter new mailing address, if applicable:		<u>;•</u>
failing address MAY BE A POST OFFICE	<u> </u>	
., .,	registered office address on our records, enter th	e name of the new regis
ent and/or the new registered office addre	ess nere:	
Name of New Registered Agent:	Lindsey Henderson	
Nam Parietared Office Address:		
New Registered Office Address:	Enter Florida street address	·
	Flori	ida
	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

<u>Title</u>	Name	Address	Type of Action
AMBR	Lindsey Hendeson	7280, Ackerman Ave CoCoa, FL, 329) 7	tixAdd
	V	CoCoa, FL, 329) 7	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			🗆 🗖 Add
			Remove
			□Change
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			[]('hange

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
he record ord is fil	d 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 ed.
Dated	8-1-24
	Signature of a member or authorized representative of a member
	Lindsen Henderson Typed or printed name of signee

Filing Fee: \$25.00