

L24000401083
Florida Department of State
Division of Corporations
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H250000111083ABCS

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To: Division of Corporations
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From: Account Name : ZENBUSINESS INC.
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Fax Number : (512)597-0678

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ONPOINTMOVES LLC

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To:

Page: 2 of 4

2025-01-10 09:52:31 UTC+14 18506176383
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

From: ZenBusiness User
(((H25000011108 3)))

OnPointMoves 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 09/13/2024 and assigned
Florida document number 1.24000401083.

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:

(Principal office address MUST BE A STREET ADDRESS)

3339 chauncy

Holiday, FL 34691

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3339 chauncy

Holiday, FL 34691

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

(((H25000011108 3)))

MGR = Manager

AMBR = Authorized Member

(((H25000011108 3)))

Title	Name	Address	Type of Action
AMBR	Tyler Pelican	3339 chauncy	<input type="checkbox"/> Add
		Holiday, FL 34691	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Robert Vorse	5150 Allamanda Drive	<input type="checkbox"/> Add
		New Port Richey, FL 34652	<input checked="" 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"/> Remove
			<input type="checkbox"/> Change

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

The business purpose of the shall be altered to read as follows: A small professional labor only service moving
 company in Tri county area Florida

E. 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.

If 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 January 09, 2025

/s/ Tyler Pelican

 Signature of a member or authorized representative of a member

Tyler Pelican

 Typed or printed name of signee