L120000 21245

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500297829065

05/05/17--01020--014 **25.00

SECULIARY OF STATE

THE PLANT -5 M 9 17

D. SCOTT MAY 8 2017

COVER LETTER

Division of Corporations
SUBJECT: Florida Notary Signing Agents, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Magdami Marcos Name of Person
Name of Person
다 가 보고 있는 사람들이 되었다. 그 사람들이 보고 있는 사람들이 되었다. 그 사람들이 되었다
Firm/Company
361 15th ST SW 55
Address
Naples, Fl. 34117
City/State and Zip Code
Mogymarcoselive.com [E-mail address: (to be used for future annual report notification)
V
For further information concerning this matter, please call:
Magdami Marcos at 239 352-0202 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Registered Agent:	·	•
	City,	FloridaZip Code
	Enter Florida street add	lress
New Registered Office Address:		
Name of New Registered Agent:	<u>.</u>	» N
registered agent and of the new registered office address here.		용당 % 등급 5
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		rds, enter the name of the new
		5 E
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		TS ST
(Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:		
	y Company, the designation t	LLC of the appreviation L.E.C.
Florida Notary Signing / The new name must be distinguishable and contain the words "Limited Liability		LC" as the obbasis is in "I I C"
A. If amending name, enter the new name of the limited liability	ity company here:	
This amendment is submitted to amend the following:		
Florida document number <u>L 12 000021285</u>	/ /	
The Articles of Organization for this Limited Liability Company v	vere filed on $02/13/2$	2012 and assigned
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	<u>y as it now appears on our rec</u> ability Company)	ords.)
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our rec ability Company)	ords.)

If Changing Registered Agent, Signature of New Registered Agent

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 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 **Type of Action Title Name Address** □ Add ☐ Remove ☐ Change _□ Add ☐ Remove □ Change _□ Add ☐ Remove _□ Change □ Add **亞** Remove ☐ Remove ☐ Change □ Add □ Remove

□ Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	•
-	
•	
•	
•	
•	
-	
_	
_	
_	
(If an eff	ive date, if other than the date of filing: (optional)
docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the carlier of: 90th day after the record is filed.
	May 3rd 2017.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Magdami Marcos Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00