

(Re	equestor's Name)	<u></u>
(Ad	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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D. SCOTT

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:	AKARLA	AR NOTARY SIGNING LLC			
SOBJECT		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		KAR	RLA N. LACAYO / MGR		
			Name of Person		
		KAR	RLAR NOTARY SIGNING LI	LC	ria (5) (3)
			Firm/Company		
			P.O. BOX 1129		ند پار
			Address		11
		ŀ	KNIGHTDALE. NC 27545		15 OF
		KARLA	City/State and Zip Code RNOTARYSIGNING@GMA	AIL.COM	4.
			to be used for future annual repor		
or further ir	nformation c	oncerning this matter, please c	all:		
KARLA N	. LACAYO		305 at ()	767-0315	
	Name o	f Person		aytime Telephone Number	
inclosed is a	i check for th	ne following amount:			
€ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified (e of Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration S Division of C Clifton Build	orporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears (iability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L15000056114	were filed on	MARCH 24, 2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>2</u> :	
KARLAR NOTARY SIGNING LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	1152 NW 2ND ST	TREET	77
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLORID	A 33128	مسی (مست از لادر وحادی فیدا
Enter new mailing address, if applicable:	P.O. BOX 1129		
(Mailing address MAY BE A POST OFFICE BOX)	KNIGHTDALE,	NC 27545	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	e: KARLA N 6830 COD		the name of the
	MIRAMAR	, Florida _	33024
	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>Name</u>	Address	Type of Action
		☐ Remove
		Change
		Add
		Remove
		Change
		Add 5
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n effective	te, if other than the date of filing: late is listed, the date must be specific and cannot be prior to date of date incorrect in this block date are the provided by the specific and cannot be prior to date of date incorrect in this block date are the post the applicable state.	filing or more than 90 days after filing.) Pursuant to 605.020
	date inserted in this block does not meet the applicable stati effective date on the Department of State's records.	atory mang requirements, this date will not be listed a
	specifies a delayed effective date, but not an ef day after the record is filed.	fective time, at 12:01 a.m. on the earlier
ited	OCTOBER 19 2018	
	Signature of a member or authorized rep	
	Signature of a member or authorized rep	resentative of a member

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Filing Fee: \$25.00