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COVER LETTER

Registration Section Division of Corporations

TO:

NOTARY SUBJECT:	SERVICES OF POMPANO	BEACH 24/7 & MOBILE LLC			
SUBJECT:	Name of Lin	nited Liability Company	-		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Alan Friedland				
		Name of Person	<u> </u>	-	
	NOTARY SERVICES O	F POMPANO BEACH 24/7 & MO	OBILE LLC		63 x 3563
		Firm/Company		:	
	PO Box 57			•	3
	•	Address		_	ب مد مند: مند:
	Pompano Beach, FL 3306	1-0057			14 () 1.2% 1.4% 1.4% 1.4 1.4
		City/State and Zip Code		_	.,•
	notaryinpompano@gmail.c				
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
Alan Friedland		754 444-9958 at ()			
Name o	t Person	Area Code Daytin	ne Telephone Numbe	ī	r.
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 F Certifica Certified (additiona	ate of St d Copy	tatus &
Mailing Address Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co			
P.O. Box 632	27	The Centre of	-		
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 8	310	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

NOTARY SERVICES OF POMPANO BEACH 24/7 & MOBILE LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L17000113892}{L17000113892}$.	were filed on 05/22/2017	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	Alan Friedland	<u>رب</u>	
(Principal office address MUST BE A STREET ADDRESS)	1921 NW 16 Street		
	Pompano Beach, FL 33069		
	·	30	
Enter new mailing address, if applicable:	Alan Friedland		
(Mailing address MAY BE A POST OFFICE BOX)	PO Box 57		
	Pompano Beach, FL 33061-0057	. 9	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the na</u>	me of the new regi	
New Registered Office Address:	Enter Florida street address		
	Florida		
	, Florida		
	, Florida	Zip Code	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Susan Friedland	405 N Ocean Blvd # 1125	□Add
		Pompano Beach,	■Remove
		Florida 33062	
			□Add
			□Remove
			□Change
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ffective date, if other than the an effective date is listed, the date mote: If the date inserted in this locument's effective date on the	ust be specific and cannot be p block does not meet the ap-	prior to date of filing plicable statutory	or more than 90 day		
reament's effective date on the	Department of State 8 rece	nus.	•		
record specifies a delayed effect is filed.	ive date, but not an effecti	ve time, at 12:01 a	i.m. on the earlier	of: (b) The	90th day after the
nted May 22	2023	·			
		7 -			
	1/100- 1	redea	٠		
	Signature of a member or	authorized represent	ative of a member		