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(Re	equestor's Name)	•
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PICK-UP	- WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LUCY'S NOTARY BESOURCE, 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:
Lucy's Notary Resource, LLC (Firm/Company) 801 Christian Way or 451056 (Address) KISSIMMEG, FL. 34741 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (AOT) 319 o 902/ (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	THE THEORINA
Lucil's Notary	Resource LLC
(Name of the Limited Liability C	ompany as it now appears on our records.) nited Liability Company)
(A Florida Lin	nited Liability Company)
The Articles of Organization for this Limited Liability Cor	npany were filed on 213109 (8am) and assigned
Florida document number <u>LD900014789</u>	. (View enclosure)
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
•	
	"Limited Liability Company," the designation "LLC" or the abbreviation
The new name must be distinguishable and end with the words "L.L.C."	"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 ADDRE	96)
(Trucipal Office dualess MOST DE A STREET ADDRES	557
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
The state of the s	
	ed office address on our records, enter the name of the new
registered agent and/or the new registered office address	ss nere:
Name of New Registered Agent:	Izelena Alvarez-Pegues
\mathcal{L}	301 Christian Wal
New Registered Office Address:	JOI CHISTAIT NO
1 ,	(Enter Florida street address)
\mathcal{L}	SIMMEC, Florida 34741
	(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 608, 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)

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Type of Action** Name **Address** 🗂 Add Remove Remove ____ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) entative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00