

L090000 45063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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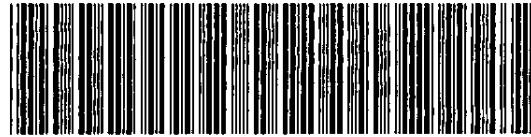
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

FEB 9 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AAA KEY WEST NOTARY SERVICES, 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:

JOHN W MARTIN JR

Name of Person

AAA NOTARY SERVICES OF PORT SAINT LUCIE, LLC

Firm/Company

681 S.E. STREAMLET AVE.

Address

PORT SAINT LUCIE, FL. 34983

City/State and Zip Code

JSOAR@COMCAST.NET

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOHN W MARTIN JR

Name of Person

at (**772**)

446-9366

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☒ \$55.00 Filing Fee & 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:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

AAA KEY WEST NOTARY SERVICES, 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 8 MAY 2009 and assigned
Florida document number L09000045063.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AAA NOTARY SERVICES OF PORT SAINT LUCIE, LLC

The new name must be distinguishable and end with 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)

681 S.E. STREAMLET AVE

PORT SAINT LUCIE

FLORIDA, 34983-4657

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

681 S.E. STREAMLET AVE

PORT SAINT LUCIE

FLORIDA, 34983-4657

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:

681 S.E. STREAMLET AVE.

Enter Florida street address

PORT SAINT LUCIE

City

Florida

34983-4657

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.

John W. Martin
If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

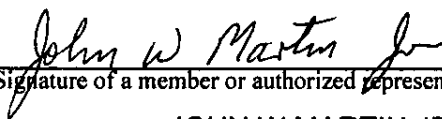
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

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 TALLAHASSEE, FLORIDA

Dated 14 JANUARY, 2011.



 Signature of a member or authorized representative of a member

 JOHN W MARTIN JR

 Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2011

JOHN W. MARTIN JR.
681 S.E. STREAMLET AVENUE
PORT ST. LUCIE, FL 34983

SUBJECT: AAA KEY WEST NOTARY SERVICES LLC
Ref. Number: L09000045063

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AAA KEY WEST NOTARY SERVICES LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 711A00002970



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2011

JOHN W. MARTIN JR.
681 S.E. STREAMLET AVENUE
PORT SAINT LUCIE, FL 34983

SUBJECT: AAA KEY WEST NOTARY SERVICES LLC
Ref. Number: L09000045063

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TALLAHASSEE, FLORIDA

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Barbara Bostick
Regulatory Specialist II

Letter Number: 011A00001550