

#L11000139508

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
JAN 9 2012

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: PARALEGAL & NOTARY MULTI 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:

JEAN B. VOLCY

Name of Person

PARALEGAL & NOTARY MULTI SERVICES, LLC

Firm/Company

716 N. 15TH STREET

Address

IMMOKALEE, FL 34142

City/State and Zip Code

paralegal716@yahoo.com

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

For further information concerning this matter, please call:

JEAN B. VOLCY

Name of Person

at ( 239 )

657-3677

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**

**PARALEGAL & NOTARY MULTI SERVICES, LLC**  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 12, 2011 and assigned  
Florida document number L11000139508.

This amendment is submitted to amend the following:

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

SAME/NO CHANGE

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)**

SAME/NO CHANGE

SAME

SAME

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

SAME/ NO CHANGE

SAME

SAME

**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:

SAME/ NO CHANGE

New Registered Office Address:

SAME/ NO CHANGE

*Enter Florida street address*

SAME

City

, Florida

SAME

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

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>
MGRM	MARIE M. SAINT-PHART	604 GLADIOLA STREET	<input type="checkbox"/> Add
		IMMOKALEE, FL 34142	<input checked="" 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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

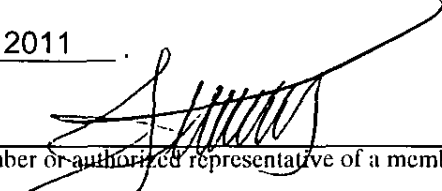
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I ALREADY HAVE A FULL TIME EMPLOYMENT. I WILL NOT HAVE

ENOUGH TIME TO DEDICATE TO THIS COMPANY. THUS, I WOULD LET

MY HUSBAND HANDLE IT BY HIMSELF.

Dated DECEMBER 29, , 2011

  
Signature of a member or authorized representative of a member

JEAN B. VOLCY

Typed or printed name of signee