# L13000076567

Office Use Only



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SECRETARY OF STATE

AUG - 5 2013 J. BKYAN

### COVER LETTER

TO:

Registration Section **Division of Corporations** 

## FFICIAL FLORIDA NOTARY, 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:

### ESLIE ZUCKERMAN.

Name of Person

KRAMER, GREEN, ZUCKERMAN, GREENE & BUCHSBAUM P.A.

Firm/Company

4000 HOLLYWOOD BLVD STE. 485

Address

City/State and Zip Code

LESFDR@GMAIL.COM

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

For further information concerning this matter, please call:

at (561) 414-3457

Area Code & Daytime Telephone Number

Name of Person

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 **ARTICLES OF ORGANIZATION OF**

OFFICIAL FLORIDA NOTARY, 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 Compa	iny were filed on 5/28/2013	and assigned
Florida document number L13000076567		
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This amendment is submitted to amend the following:		
		10 m
A. If amending name, enter the new name of the limited l	ability company here:	
1st Florida Notary, LLC		
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company," the designment	gnation "LLC" or Healbbrew flion
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS		
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del>- · · ·</del>
B. If amending the registered agent and/or registered		s, enter the name of the new
registered agent and/or the new registered office address l	<u>iere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	street address
	ជា	lorida
<del></del>	City , 11	lorida Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
	_	
I hereby accept the appointment as registered agent and a		
the provisions of all statutes relative to the proper and co- accept the obligations of my position as registered agent of		
being filed to merely reflect a change in the registered off		
company has been notified in writing of this change.		·····

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

MGR = Manager

anaging Member		
Name	<u>Address</u>	Type of Action
	-	Add
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amending any other informati	on, enter change(s) here: (Attach additional sheet	s, if necessary.)
•		
	<del></del>	
August 1st	2013	
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Anker	36	
	dure of a member or authorized representative of a mem	ber
Andrew Zinma		
	Typed or printed name of signee	三.0 日
	Page 3 of 3	FE T
	Filing Fee: \$25.00	ZBIB AUG-2 TALLAHASS
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		PH 2: 45 EE. FLORIGE
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