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COVER LETTER

•	ation Sec n of Corp	ction porations			
		ocess Services, LLC			
SUBJECT:		Name of Lim	ited Liability Company	, <u>, , ,</u>	· · · · · ·
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all	correspor	ndence concerning this matter	to the following:		
		Tevitt L. Givens			
			Name of Person	-	
		<u></u>	Firm/Company		
		1705 Curry Road			
			Address		
		Lutz, Florida 33549-7024			
		<u></u>	City/State and Zip Cod	le .	
		AllianceServices@me.com			
For further infor	mation co	b-mail address: () oncerning this matter, please or	to be used for future annuall:	ai r e port nouncation)	
Tevitt L. Givens	5		813 8	356-6906	
	Name of	Person	Area Code	Daytime Telephone	: Number
Enclosed is a cho	eck for th	e following amount:			
□ \$25.00 Filin	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fed Certified Copy (additional copy is e 	nclosed) (60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Address		***************************************	Address: tration Section	
		orporations	_	on of Corporations	S

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENUMENT TO

ARTICLES OF ORGANIZATION

			-
	2023 FEB -3	PH	I
	 		
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Alliance Process 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 $\frac{7/15/2014}{}$ and assigned Florida document number L14000111632 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mobile Notary & Process Server LLC The new name must be distinguishable and contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regi agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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 wi provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ana accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida _

11 antending Authorized 1 closen(s) addition zeed	to munage, <u>ence</u>	the tract manie and war con c	T CACH POLSON DOM:
. or removed from our records:			

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Acti
			
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). If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	1/1/2023
(If an effective Note: If the	date, if other than the date of filing:
the record sp cord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
Dated	3 FEBRURY, 2023.
	Signature of a member or authorized representative of a member
	Tevitt L Givens
	Typed or printed name of signee

Filing Fee: \$25.00