14000123077

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	idress)	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	me)
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(UC	ocument Number)	1
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Section Division of Corpor			
eno u	eer'.	C&L Mobile	Notary Service, LLC	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of Ame	endment and fee(s) are sub	mitted for filing.	
Please	return all corresponder	nce concerning this matter	to the following:	
			Crystal Whiteside-Lemon	
	-		Name of Person	
		C&L	Mobile Niotary Services, LLC	
	-		Firm/Company	
		6859	Lenox Avenue Suite 10A	
	-		Address	
		Ja	ocksonville, FL 32205	
	-		City/State and Zip Code	
	-		nitesidelemon@yahoo.com to be used for future annual report no	·· ·
For fur	ther information conce	rning this matter, please ea		incation)
	Crystal Whitesid	e-Lemon	904 505-3948	3
	Name of Per	Son	Arca Code Daytir	ne Telephone Number
Enclos	ed is a check for the fo	llowing amount:		
□ \$2	5.00 Filing Fce	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Mailing Address:
Registration Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C&L N	Mobile Notary	Service, LLC				
(Name of the Limited Li (A F	iability Compa lorida Limited I	ny as it now appe jability Company	ears on our reco	rds.)		
ne Articles of Organization for this Limited Liabiliorida document number L14000123077					_ and assigr	ned
his amendment is submitted to amend the followin	ıg:					
. If amending name, enter the new name of the	limited liab	ility company	<u>here</u> :			
C&L Mobile No	•					
ne new name must be distinguishable and contain the words	"Limited Liabil	lity Company," th	e designation "L	LC" or the abbre	viation "L.L.C	2. '
nter new principal offices address, if applicable	y:	N/A				
Principal office address MUST BE A STREET A		N/A				
Trinequal office underess most be not reprinted the		N/A				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A				
		N/A			.	
Name of the second seco	<u> </u>	N/A				
3. If amending the registered agent and/or regis gent and/or the new registered office address he		address on ou	r records, <u>ent</u>	er the name o	of the new r	egiste
Name of New Registered Agent:	∜A	 	 			
New Registered Office Address:	V/A				() ()	
-		Enter F	Florida street ada	ress	·~;	
1	∜A		,	Florida ^{N/A}	Zip Code-	
_		City			Zip Code¥ ⊖1	
New Registered Agent's Signature, if changing Regi	stered 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 605, 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.

H Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A			□Add
			□Remove
			Change
N/A			□Add
		 	
			Change
N/A			
			□Remove
			□ Change
N/A			
			Remove
N/A			□Add
			□Remove
N/A			□Add
			Remove
			□ Change

. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
	
	N H
(If an effect Note: If	date, if other than the date of filing:
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	4th February 2021 The Date Market of a member of authorized representative of a member.
	Crystal Whiteside-Lemon
	Typed or printed name of signee

Filing Fee: \$25.00