116000052871

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2022 MAR 21 AM 10: 19
SECRETARY OF STATE

A. BUTLER APR 0 5 2022

COVER LETTER

BRADENT	ON MOBILE NOTARY LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	·
Please return all correspo	ondence concerning this matter	to the following:	
	KATHERINE MCAULEY	, ,	
		Name of Person	
	BRADENTON MOBILE	NOTARY LLC	
		Firm/Company	
	202 ANTOFAGASTA ST		
		Address	
	PUNTA GORDA FL 3398	33	
		City/State and Zip Code	
	KATHERINEMCAULEY	DYAHOO.COM to be used for future annual report noti	
For further information c	oncerning this matter, please o	·	nication)
KATHERINE MCAULE	ΣΥ	941 538-8509 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 Addres		Street Address:	

Registration Section Division of Corporations

'TO: 'Registration Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR 21 AM 10: 19

BRADENTON MOBILE NOTARY LLC

MOBILE NOTARY LLC

(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability (Company were filed on $\frac{03/15/2016}{1}$	and assigned
Florida document number L16000052871		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida stree	address
	<u>.</u> .	, Florida Zip Code
	City	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 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.

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>	Name	Address	Type of Action
AMBR	KATHERINE MCAULEY	202 ANTOFAGASTA ST PUNTA GORDA FL 3398	3 _ ■ Add
			_ □Remove
			_ Change
			_ □Add
			_ 🗆 Remove
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ective date if a	ther than the dat	o of filing: 01/0	01/2022		(optional	· ·
effective date is lister. If the date ins	sted, the date must be s serted in this block of e date on the Depart	specific and cannot does not meet th	ne applicable sta	f filing or more the tutory filing requ	ın 90 days after filin	g.) Pursuant to 605.02
cord specifies a c s filed.	delayed effective dat	te, but not an eff	ective time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day after th
ed						
X.		nature of a member	For authorized and	nracantativo of a	ambor	