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PICK-UP	☐ WAIT	MAIL
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Office Use Only



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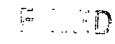
d/ 3/2/2023

COVER LETTER

10: Registration Section Division of Corporations		
SUBJECT: BAM Profession	onal Notary Service Limited Liability Company	ices LLC
. c enclosed Articles of Amendment and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this m	natter to the following.	
Angel Bam	Burley Name of Person Professional Water Firm Company	ny Services LLC
1001 NW	54th Street	
	City/State and Zip Code City/State and Zip Code Cley a Gmail-Com ress: (to be used for Anture annual report notification)	on)
i or further information concerning this matter, plea		
Argel Burley Name of Person)	at (954) 544-9! Area Code Daytime Tele	529 ophone Number
ir closed is a check for the following amount:		
S25.00 Filing Fee Scentificate of State		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section	

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



2023 MAR -2 AM 11: 49 The Articles of Organization for this Limited Liability Company were filed on May 16, 2016 and assigned _1600009516**5** Florida document number L This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." BAM Professional Notary Services LLC Enter new principal offices address, if applicable: 100 NW 27 AVE, Suite 236 (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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 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.

City

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

R ₹ Manager

*BR = Authorized Member

•	Name	Address	Type of Action
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			□Remove
			□Change
			□Add
			Remove
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rd specifies a delayed iled	effective date, but not an	effective time, at 12	:01 a.m. on the earlier	ot' (b) - The ⁹⁰ th day afi	ter the
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Filing Fee: \$25.00