

L17000047094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2018 MAY 31 AM 8:25
ALABAMA STATE
ALABAMA SECRETARY OF REVENUE

B FIGUEROA

JUN 05 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Virtual Office Associates, 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:

Amanda Griswold

Name of Person

Anytime Notary, LLC

Firm/Company

617 Lookout Lakes Dr

Address

Jacksonville, FL 32220

City/State and Zip Code

virtualoallic@outlook.com

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

For further information concerning this matter, please call:

Amanda Griswold

904

305-5754

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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
TO
ARTICLES OF ORGANIZATION
OF**

Virtual Office Associates, 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 02/28/2017 and assigned
Florida document number L17000047094.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Anytime Notary, 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)

50 N. Laura St.

Suite 2500

Jacksonville, FL 32202

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

50 N. Laura St

Suite 2500

Jacksonville, FL 32202

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

City

Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Amanda Jones		<input type="checkbox"/> Add
		617 Lookout Lakes Dr.	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32220	<input type="checkbox"/> Change
MGR	Amanda Griswold	50 N. Laura St.	<input checked="" type="checkbox"/> Add
		Suite 2500	<input type="checkbox"/> Remove
		Jacksonville, FL 32202	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2011 MAY 31 AM 8:25
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, DC 20535

ALLIED
2018 MAY 31 AM 8:25
OFFICE OF THE ATTORNEY GENERAL
ATTORNEYS AT LAW

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated May 28 2018

Signature of a member or authorized representative of a member _____

Amanda Griswold

Typed or printed name of signee