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SECHETARY OF STATE
TALLAHASSEF FLORIE

## **COVER LETTER**

SUBJECT: Premier Mobile Notary & Signing Services 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:			
Andrew C. Jones Name of Person			
Premier Mobile Notary & Signing Services			
8105 Cranmoore PL Apt. 204			
Tampa FL 33610 City/State and Zip Code			
Premiernotary Signing Warmil. Com E-mail address: (If be used for future limited apport notification)			
For further information concerning this matter, please call:			
Arca Code Daytine Telephone Number			
Enclosed is a check for the following amount:			

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30,00 Filing Fee &

Certificate of Status

☐ \$25,00 Filing Fee

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

STREET/COURIER ADDRESS:

S60.00 Filing Fee.

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2001 Executive Center Circle Tallahassee, FL 32304

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Primier Mobile Notary & Signing Services

(Name 6) the Limited Liability Co. (A Florida Limi	ind Liability Company)
The Articles of Organization for this Limited Liability Comparida document number 82 - 2555137	any were filed on Aug. 21, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I Premier Mobile Notary & Sign the new name must be distinguishable and contain the words "Limited".	rima Services IIC
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>	S105 Cranmoore PL Apt 204
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	POBOX 16967 Tampa, FL 33687
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:	I office address on our records, enter the name of the new here:
New Registered Office Address:	Enter Florida street address  Florida  Florida  Florida
<del></del>	Cuv Zap 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. Thereby 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 = -M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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	Tampa FL 33610	☐ Remove	
			Change
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). If amending any other information, enter change(s) here: (Attach additional sheets, if no		
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Effective date, if other than the date of filing:	otional) fer filing.) Pursuant to 60: his date will not be list	5.0207 (3 .ed as th
the record specifies a delayed effective date, but not an effective time, at 12:01 b). The 90th day after the record is filed.	l a.m. on the earli	er of:
Dated September 16 . 2017.  Signature of a hember or authorized representative of a member		
Andrew Jones Typed or printed name of signed		

Page 3 of 3

Filing Fee: \$25.00