

L18 0000 686 48

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

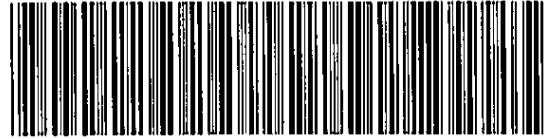
(Business Entity Name)

(Document Number)

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Amend
Name
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SEP 12 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Able 2 Help Mobile Notary 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:

Paula M. Richardson
Name of Person

Able 2 Help Mobile Notary
Firm/Company

11366 Williston Dr S
Address

Jax FL 32246
City/State and Zip Code

able2helpmobilenotary@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula M. Richardson at (904) 517-2705
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Able 2 Help Mobile Notary Services 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 3-16-2018 and assigned Florida document number L18000068648.

This amendment is submitted to amend the following:

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

Able 2 Help Rich Enterprises, 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)

25 N. Market St

Jacksonville Florida

32202

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11366 Willesdon Dr S

Jacksonville Florida

32246

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:

Paula M. Richardson

New Registered Office Address:

25 N. Market St

Enter Florida street address

Jacksonville

City

Florida 32202

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.

Paula M. Richardson

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	Paula M. Richardson	11366 Willesdon Dr South	<input type="checkbox"/> Add
		Jacksonville, Florida 32246	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Authorized Representative	Nathaniel Richardson Jr	11366 Willesdon Dr South	<input type="checkbox"/> Add
		Jacksonville, Florida 32246	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Authorized Representative	Necha M. Richardson	11366 Willesdon Dr South	<input type="checkbox"/> Add
		Jacksonville Florida 32246	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Authorized Rep	Nathaniel J. Richardson III	11366 Willesdon Dr South	<input type="checkbox"/> Add
		Jacksonville Florida 32246	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Authorized Rep	Neal B. Richardson	11366 Willesdon Dr South	<input type="checkbox"/> Add
		Jacksonville Florida 32246	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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:

(b) The 90th day after the record is filed.

Paula M. Richardson
Signature of a member or authorized representative of a member

Paula Marie Richardson
Typed or printed name of signer