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| PICK-UP                   | ☐ WAIT            | MAIL      |
| (Bus                      | iness Entity Name | 2)        |
| (Ďoc                      | cument Number)    |           |
| Certified Copies          | Certificates o    | of Status |
| Special Instructions to F | iling Officer:    |           |
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ALLAHASSEE, FLORID.

## **COVER LETTER**

Tallahassee, FL 32314

| TO: Registration S<br>Division of Co |   |   |  |
|--------------------------------------|---|---|--|
| SERVICE:                             | OS DE NOTARIA DAVID LLO                   |   |  |
| SUBJECT:                             | Name of Lim                               | ited Liability Company  |  |
| The enclosed Articles o              | f Amendment and fee(s) are sub            | mitted for filing.  |  |
| Please return all corresp            | ondence concerning this matter            | to the following:   |  |
|                                      | CESAR DAVID D                             |   |  |
|                                      |   | Name of Person  | ···  |
|                                      | SERVICIOS DE NOTARI                       | A DAVID   |  |
|                                      |   | Firm/Company  |  |
|                                      | 4003 W IS TH SUITE B                      |   |  |
|                                      |   | Address   |  |
|                                      | PANAMA CITY FLORID                        | A 32401   |  |
|                                      |   | City/State and Zip Code   |  |
|                                      | E-mail address: (                         | to be used for future annual report noti                            | fication)  |
| For further information              | concerning this matter, please c          | all:  |  |
| CESAR DAVID DURG                     | )   | 850 730-0072  |  |
| Name of Person                       |   | at () Area Code Daytim  | e Telephone Number   |
| Enclosed is a check for              | the following amount:                     |   |  |
| □ \$25.00 Filing Fee                 | S30.00 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 Addr<br>Registration         | Section                                   | Street Address:<br>Registration Sec                                 |  |
| Division of<br>P.O. Box 63           | Corporations<br>27                        | Division of Cor<br>The Centre of T                                  | -  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SERVICIOS DE NOTARIA DAV   |  |                                   |                              |                    |
|--|--|-----------------------------------|------------------------------|--------------------|
| (Name of the Lim   | ited Liability Company as<br>(A Florida Limited Liabil | it now appears on<br>ity Company) | our records.)                |                    |
| The Articles of Organization for this Limited I Florida document number 1.18000207490  | Liability Company wer                                  | e filed on 08/01/2                | 2018                         | _ and assigned     |
| This amendment is submitted to amend the fol   | lowing:  |                                   |                              |                    |
| A. If amending name, enter the new name  | of the limited liability                               | company here:                     |                              |                    |
| NOTARY CESAR DAVID LLC   |  |                                   |                              |                    |
| The new name must be distinguishable and contain the                                   | words "Limited Liability C                             | ompany," the design               | sation "LLC" or the abbre    | viation "L.L.C."   |
| Enter new principal offices address, if applicable:                                    |  | <b>ЛМЕ</b>                        |                              | <del>~~</del>      |
| (Principal office address MUST BE A STRE   | <u>ET ADDRESS)</u>                                     |                                   |                              | 224 F              |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |  |                                   | AHASSEE, FL                  |                    |
| B. If amending the registered agent and/or agent and/or the new registered office addr |  | ess on our recor                  | rds, <u>enter the name o</u> | f the new register |
| Name of New Registered Agent:  | CESAR DAVID DURO                                       |                                   |                              |                    |
| New Registered Office Address:   | 4003 W 18 TH SUH                                       | RTE B                             |                              |                    |
| The integration with the restriction.  | · · · · · · · · · · · · · · · · · · ·                  | Enter Florida s                   | street address               |                    |
|  | PANAMA CITY  |                                   | , Florida <u>32401</u>       |                    |
|  |  | 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u>          | Address                                | Type of Action |
|-------|----------------------|--|----------------|
| AMBR  | SANZ MARIA GABRIELLA | 4003 W 18 ST PANAMA CITY FLORIDA 32401 |                |
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| Effective date, if oth If an effective date is liste Note: If the date insendocument's effective of | d, the date must be sp<br>rted in this block d | of filing:<br>ecitic and cannot be<br>oes not meet the | applicable stat   | filing or more than | (optional 90 days after filing rements, this date | L) Pursuant to 605,0207 |
| ne record specifies<br>The 90th day af  |  |  | ut not an ef      | fective time, a     | at 12:01 a.m.                                     | on the earlier of       |
| 05/14/<br>Dated   |  | . 2024   | <del></del>       | 7                   |   |                         |
|   |  | -1-1-  | #                 | /<br>_ <del>-</del> |   |                         |
| -   | Signa  | ture Marnember i                                       | br-authorized rep | resentative of a me | mbei  |                         |
|   |  |  |                   |                     |   |                         |

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Filing Fee: \$25.00