## 1190000 29053

| (Re                     | equestor's Name)   |              |
|-------------------------|--------------------|--------------|
| (Ad                     | ldress)            |              |
| (Ad                     | ldress)            |              |
| (Cit                    | ty/State/Zip/Phone | e #)         |
| PICK-UP                 | ☐ WAIT             | MAIL         |
| (Bu                     | usiness Entity Nan | ne)          |
| (Do                     | ocument Number)    | <del>.</del> |
| Certified Copies        | _ Certificates     | s of Status  |
| Special Instructions to | Filing Officer:    |              |
|                         |                    |              |
|                         |                    |              |
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|                         |                    |              |

Office Use Only



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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

| Division of C           | Corporations  | •   |   |
|-------------------------|---|---|---|
| NOTAR                   | RY PAY, LLC   |   | ,   |
| SUBJECT:                | Name of Lim   | ited Liability Company  |   |
|                         |   |   |   |
| The enclosed Articles   | of Amendment and fee(s) are sub-                                      | mitted for filing.  |   |
| Please return all corre | spondence concerning this matter                                      | to the following:   |   |
|                         | KRISTOFER KILLINGER   | ₹   |   |
|                         | SIGNINGORDER.COM L  | Name of Person  |   |
|                         |   | Firm/Company  | <u> </u>  |
|                         | 3433 LITHIA PINECRES  | T RD, STE 354   |   |
|                         | <u> </u>  | Address   | <u> </u>  |
|                         | VALRICO. FL 33596   |   |   |
|                         |   | City/State and Zip Code   |   |
|                         | KC@SIGNINGORDER.CO  | OM<br>to be used for future annual report notif                                 | - meiona)   |
| For further informatic  | on concerning this matter, please ca                                  |   | cattony   |
| KRISTOFER KILLI         | · ·   | 813 444-1404  |   |
|                         | ne of Person  | at ()   | Talankana Manukar   |
| Nan                     | ne of Person  | Area Code Dayume  | reiephone Number  |
| Enclosed is a check for | or 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Reg<br>Div              | AILING ADDRESS: gistration Section rision of Corporations D. Box 6327 | STREET/COURI<br>Registration Section<br>Division of Corpora<br>Clifton Building | n   |

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

| Notary Pay, LLC  |   |  |                                  |
|--|---|--|----------------------------------|
| (Name of the Lim   | ted Liability Company as it now<br>(A Florida Limited Liability Cor | r appears on our records.)<br>npany)   |                                  |
| The Articles of Organization for this Limited I. Florida document number L19000029053  | iability Company were filed   | on 01/28/2019                          | _ and assigned                   |
| This amendment is submitted to amend the fol   | lowing:   |  |                                  |
| A. If amending name, enter the new name of   | f the limited liability comp  | any here:                              |                                  |
| NotaryPay, LLC   |   |  |                                  |
| The new name must be distinguishable and contain the   | words "Limited Liability Company                                    | y," the designation "LLC" or the abbre | viation "L.L.C."                 |
| Enter new principal offices address, if applie   | cable:  |  | . ÷                              |
| (Principal office address MUST BE A STREE  | ET ADDRESS)   |  |                                  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of | or registered office addre  | ess on our records, enter the          | 2019 JUL 30 PH 4: 2 manne of the |
| Name of New Registered Agent:  | CAROL WEST  |  |                                  |
| New Registered Office Address:   | 410-10 BLANDING BLVI  | D, STE 105 ster Florida street address |                                  |
|  | ORANGE PARK   | . Florida <sup>32073</sup>             |                                  |
|  | 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 a 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 ad or removed from our records:

MGR = Manager

| 1414114 | .vianagei  |        |
|---------|------------|--------|
| AMBR =  | Authorized | Member |

| <u>Title</u> | <u>Name</u>             | Address   | Type of Actio |  |
|--------------|-------------------------|---|---------------|--|
| AR           | KILLINGER, KRISTOPHER C |   | □ Add         |  |
|              |                         | 3433 Lithia Pinecrest Rd, Ste 354<br>Valrico, FL 33596  | ■ Remove      |  |
|              |                         |   | 🗆 Change      |  |
| MGR          | KILLINGER, KRISTOFER C  | 3433 Lithia Pinecrest Rd. Ste 354<br>Valrico, FL 33596  | <b>⊟</b> Add  |  |
|              |                         |   | Remove        |  |
|              |                         |   | Change        |  |
| AMBR         | CAROL WEST              | 410-10 BLANDING BLVÐ, STE<br>105, ORANGE PARK, FL 32073 |               |  |
|              |                         |   | □ Remove      |  |
|              |                         |   | Change        |  |
|              |                         |   | O Add         |  |
|              |                         |   | □ Remove      |  |
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|              |                         |   | □ Remove      |  |
|              |                         | <u> </u>  | 🗆 Change      |  |

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| _                   |   |   |   |   | <u> </u>  |  |
| If an effe<br>Note: | ve date, if other than<br>ective date is listed, the da<br>If the date inserted in the<br>ent's effective date on the | te must be specific a<br>his block does not | nd cannot be prior to da<br>meet the applicable | te of filing or more tha<br>statutory filing requ | (optional)<br>n 90 days after filing.) I<br>irements, this date w | Pursuant to 605.020<br>ill not be listed a |
| ne rec<br>The       | ord specifies a del<br>90th day after the   | ayed effective<br>record is filed           | date, but not an<br>I.                          | effective time,                                   | at 12:01 a.m. o   | n the earlier o                            |
| Dated .             | JULY 16,  |   | 2019  |   |   |  |
|                     | Lare  | Signature of a                              | t<br>member or authorized                       | I representative of a m                           | ember   | <del></del>                                |
|                     | CADOL WITER   | -   |   |   |   |  |
|                     | CAROL WEST  | · · · · · · · · · · · · · · · · · · ·       | Typed or printed na                             | me of clanes                                      | ···   | ·  |

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Filing Fee: \$25.00