

L19000036965

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000167232 3)))



H200001672323ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.
Account Number : 076666002140
Phone : (727)461-1818
Fax Number : (727)441-8617

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BE MOBILE NOTARIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

SILKPE
Help

Sulker, Yasemin Y.

From: Erica Hall <EricaH@jpfirm.com>
Sent: Wednesday, June 17, 2020 12:21 PM
To: Sulker, Yasemin Y.
Subject: Document Number L19000036965
Attachments: BE mobile notaries amended articles of organization.pdf

EMAIL RECEIVED FROM EXTERNAL SOURCE

The attachments/links in this message have been scanned by Proofpoint.

Please re-filed with original filing date of June 4th.

Thank you,
Erica Hall



June 5, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BE MOBILE NOTARIES, LLC
1800 59TH CIRCLE S
ST PETERSBURG, FL 33712

SUBJECT: BE MOBILE NOTARIES, LLC
REF: L19000036965

We have received your document for BE MOBILE NOTARIES, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Please disregard the previous letter.
Page 2 missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000167232
Letter Number: 420A00011132

((H20000167232 3)))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BE MOBILE NOTARIES, 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:

ERICA HALL

Name of Person

BE MOBILE NOTARIES, LLC

Firm/Company

1680 Tilley Avenue, Unit D3

Address

Clearwater, FL 33756

City/State and Zip Code

ericalhall@gmail.com

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

For further information concerning this matter, please call:

ERICA HALL

202

538-2010

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

((H20000167232 3)))

((H20000167232 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BE MOBILE NOTARIES, 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 February 6, 2019 and assigned Florida document number L19000036965.

This amendment is submitted to amend the following:

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

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)

1680 TILLEY AVENUE

Unit D3

Clearwater, FL 33756

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1680 TILLEY AVENUE

Unit D3

Clearwater, FL 33756

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

_____, Florida _____
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

((H20000167232 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

((H20000 167232 3))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<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

((H20000 167232 3))

((H20000167232 3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated June 3, 2020

Emica L. Hall
Signature of a member or authorized representative of a member

Erica L. Hall, Manager

Typed or printed name of signee

Filing Fee: \$25.00

((H20000167232 3)))