# L19 0000 75743

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600327395616

U4/U8/19--01U27--U21 \*\*25.UU

R. WHITE 123 15 200

## COVER LETTER,

TO: Registration Section Division of Corporations
SUBJECT: Parker'S Integrity Tax of Notary Services #2 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:
Helen Debotes Name of Person
Firm/Company
7156 Ironwood dr
Orlando, Pl 32818  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Helen Deboles at 321 H38-7695 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

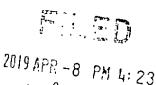
### MAILING ADDRESS:

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



The Articles of Organization for this Limited Liability Company were filed on 3/18/2019 Florida document number \_\_\_\_\_L19000075743 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Parker's Integrity Tax + Notary II 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

## 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** Name Address Type of Action □ Add \_□ Remove ☐ Change \_□ Add \_□ Remove \_\_\_\_\_ 🗖 Add \_\_\_\_\_\_ \_\_ \_\_\_ D Add 

D. If a	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(II an e <u>Note</u>	tive date, if other than the date of filing:  (optional)  (a)  (a)  (b)  (b)  (c)  (c)  (c)  (c)  (d)  (d)  (d)  (d
f the re b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	$\Lambda \cap \Lambda \cap \Lambda \cap \Lambda$
	Signature of a member or authorized representative of a member
	HP 1210 DA 12 C

Page 3 of 3

Filing Fee: \$25.00