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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER :

TO: Registration Section Division of Corporations	
SUBJECT: Precise Notary Name of Limi	* Agent Signing Services ted Liability Company
The enclosed Articles of Amendment and fee(s) are subr	mitted for filing.
Please return all correspondence concerning this matter t	
Deborah	Standberry Name of Person
	Firm/Company
11321 Silve	er Key Dr. Address
Jax, Fl	32218
Precise E-mail address: (1	nss 13@amail.com
For further information concerning this matter, please ca	all:
Deborah Standbern	at (904) 910-2466 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Mailing Address: Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

Precise Notary & J	taent Sia	ning Serv	rices. Ll	L
Λ Florida I.	inited Liability Company)			
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 9000 106423</u>	mpany were filed on _	4 18 19	and ass	igned
This amendment is submitted to amend the following:				
A If amending name, enter the new name of the limite Precise Notary 4 Legal The new name must be distinguishable and contain the word, "Limite	Services,	LLC	ne abbreviation "L.	
Enter new principal offices address, if applicable:			<i>∞</i> . 20	
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(Principal office address MUST BE A STREET ADDRE	<u> </u>			
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Enter new mailing address, if applicable:	•		유유 골	1 1 1
* , ,			.s. %	$\overline{\Box}$
(Mailing address MAY BE A POST OFFICE BOX)			<u></u> ω	
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B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, <u>enter the r</u>	name of the nev	v registered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flo	orida street address		
		Classida		
· · · · · · · · · · · · · · · · · · ·	City	, Florida	Zip Code	
Nam Danistanad Laure's Cianatum if shanaing Danistanad	•		·	
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

<u>Title</u>	Name	Address	Type of Action
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