

L19000303912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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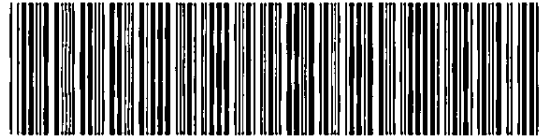
(Business Entity Name)

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TALLAHASSEE, FL

R. HUNT
06/13/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW LEVEL NOTARY SERVICES 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:

TRICIA BRATHWAITE

Name of Person

NEW LEVEL NOTARY SERVICES LLC

Firm/Company

3979 CIRCLE LAKE DRIVE

Address

WEST PALM BEACH, FL, 33417

City/State and Zip Code

TRICIAJAMS@YAHOO.COM

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

For further information concerning this matter, please call:

TRICIA BRATHWAITE

Name of Person

404

at ()

Area Code

604-7928

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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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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.

Dated JUNE 05 2024

Lucia Buarthwaite

Signature of a member or authorized representative of a member

TRICIA BRATFWAITE

Typed or printed name of signee

Filing Fee: \$25.00