L200000 21595

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Registration Section
Division of Corporations

' TO:

MC NOTAR SUBJECT:	Y SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
	dence concerning this matter		
	Mario A. Agosto Perez		
		Name of Person	
	MC Notary Services LLC	;	
		Firm/Company	
	10336 Leaning Oak Dr		
		Address	· · · · · · · · · · · · · · · · · · ·
	Port Richey, Florida, 346	668	
		City/State and Zip Code	
	marioagosto0327@gmail	.com	
	E-mail address: (to be used for future annual report notific	cation)
For further information co	ncerning this matter, please c	all:	
Mario A. Agosto Perez		727 846-2121	
Name of	Person		Telephone Number
Enclosed is a check for the	e 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 S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Sectorial Division of Corporate Centre of Target 15 N. Monroe	orations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MC Notary Services LLC			
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited I Florida document number L20000021595	Liability Company were filed on 01	/11/2020	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company he	ere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		208
			7
			B *;
P			27
Enter new mailing address, if applicable:			2
(Mailing address MAY BE A POST OFFICE	<u> </u>	-, ,	0
			· -
B. If amending the registered agent and/or agent and/or the new registered office addr		ecords, <u>enter the name o</u>	f the new register
Name of New Registered Agent:	Mario A. Agosto Pérez		
New Registered Office Address:	10336 Leaning Oak Dr		
- VIII TO THE STATE OF THE STAT	Enter Flo	rida street address	
	Port Richey	, Florida ³⁴⁶⁶	8
	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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Mario A. Agosto Pérez	10336 Leaning Oak Dr. Port Richey, Florida	3466£
			□Remove
			□ Change
			Remove
			□ Change
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ote:	ive date, if other than the date of filing:
recor	d 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 led.
	February 3 , 2020
ated .	1 1/2
ated .	Signature of a member of authorized representative of a member