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COVER LETTER

TO: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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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:

	Alan Friedland				
	<u> </u>	Name of Person		-	
	ONLINE FLORIDA NOT	ARY PUBLIC LLC			
		Firm/Company		-	
	PO Box 57				
	<u> </u>	Address		. 7	2
	Pompano Beach, FL 3306	1-0057		-	د د. س
		City/State and Zip Code			0.
	onlinefloridanotarypublic@gmail.com			. (0
	E-mail address: (to be used for future annual report noti	fication)	(<i>i</i>)	
For further information c	concerning this matter, please c	all:			1 1 1 1 : 54
Alan Friedland		561 396-4628 at ()			- é -
Name o	of Person	Area Code Daytim	ie Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status	
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ction		
Division of C		Division of Cor			

2415 N. Monroe Street, Suite 810

The Centre of Tallahassee

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONLINE FLORIDA NOTARY PUBLIC 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 <u>01/21/2020</u> and assigned

Florida document number ______

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 Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	Alan Friedland			
nter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u> nter new mailing address, if applicable:	1921 NW 16 Street			
	Pompano Beach, FL 33061-57			
		مىرى مەرب ب		
Enter new mailing address, if applicable:	Alan Friedland	- Ei 		
(Mailing address MAY BE A POST OFFICE BOX)	PO Box 57			
	Pompano Beach, FL 33061-0057			

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	 Enter Florida street ad	dress
-	 City	FloridaZip 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Susan Friedland	405 N Ocean Blvd # 1125	🗆 Add
		Pompano Beach, Florida 33062	= Remove
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	······		□ Add
			□ Remove
			Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ffec	ive date, if other than the date of fil	ing:			(optional)	
an el	fective date is listed, the date must be specific If the date inserted in this block does no	and cannot be prior to at meet the applicat	o date of tiling or ole statutory fi	more than 90 day	es after filing.) Purs	uant to 605.020 not he listed a
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Signature of a member or authorized representative of a member

Alan Friedland

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Typed or printed name of signee