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## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	obile Signings, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Kim A Browne		
		Name of Person	<del> </del>
	Premier Notary and Finger	rprinting, LLC	
		Firm/Company	<del> </del>
	20 N Orange Ste 1100		
		Address	<del> </del>
	Orlando, FL 32801		
		City/State and Zip Code	
	kbrowne3555@gmail.com		
	E-mail address: (	to be used for future annual report not	itication)
For further information c	oncerning this matter, please c	all:	
Kim A Browne		973 517-6639	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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		Street Address:	antina.
Registration 9 Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 16 AM 9: 05

Premier Mobile Signings, LLC <del>SECRETAR</del>Y OF STATE (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEF. FI The Articles of Organization for this Limited Liability Company were filed on February 17, 2020 and assigned Florida document number <u>L20000</u>053136 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Premier Notary and Fingerprinting, 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) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_\_\_, Florida <u>\_\_\_</u>

## 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.

City

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>	Address	Type of Action
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			Change
			□Add
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document's	date inserted in this be effective date on the I	nock does not Department of	t meet the appi f State's record	icable statutor ls.	y filing require	ments, this da	ite will not	be listed
he record spec	ifies a delayed effecti	ve date, but n	ot an effective	time, at 12:01	a.m. on the ca	rlier of: (b)	The 90th da	v after t
ord is filed.	•							•
Dated			2022	<u> </u>				
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Filing Fee: \$25.00