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(Requestor's Name)
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08/08/24

COVER LETTER

TO:

Registration Section

Division	of Corp	orations					
Not	ary Hut I	LC					
SUBJECT:		Name of Lin	nited Liability Compa	my		_	
79							
The enclosed Art	icles of A	amendment and fee(s) are sub	omitted for filing.				
Please return all o	correspon	dence concerning this matter	to the following:				
		Gerard Benjamin					
		-	Name of Pers	oa			
		BizAlly Solutions					
			Firm/Compa	1y'			
		4601 E Moody Blvd, Suite	e E8				
			Address	<u> </u>			
		Bunnell, FL 32110					.:
			City/State and Zip	Code			
		support@bizallysolutions.c				_ : _ :	
			to be used for future	annual report noti	fication)		3: 21
For further inforn	nation cor	ncerning this matter, please c	all:			; 	20
Gerard Benjamin			386 at (517-3566			
	Name of I	Person	Area Cod	e Daytim	e Telephone Num	iber	_
Enclosed is a chec	ck for the	following amount:					
■ \$25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Co (additional cop	ру	Certifi	icate of S ied Copy	Status &
<u>Mailing</u> Registra		ction		eet Address: gistration Sec	rtion		
Registration Section Division of Corporations				vision of Cor			
P.O. Bo	x 6327		Th	e Centre of T	allahassee		
Tallaha	ssec, FI	. 32314	24	15 N. Monroe	e Street, Suite	: 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Notary Hut LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records. Liability Company)	1
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000143483}{L}$.	were filed on <u>05/27/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BizAlly Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4601 E Moody Blvd, Suite E8	
(Principal office address MUST BE A STREET ADDRESS)	Bunnell, F1, 32110	
		· ,
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		1 2
		ļ · I
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new regi
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
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fective date, if other than the on effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to datck does not meet the applicable	ite of filing or more than 90 da statutory filing requiremen	ys after filing.) Pu	rsuant to 605.02 I not be listed
ecord specifies a delayed effective is filed.	date, but not an effective time,	at 12:01 a.m. on the earlies	of: (b) The 90)th day after th
ted August 7	2024			
	77	•		