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DIRECTION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

	tion Section of Corporations		·
Nota SUBJECT:	ary Job LLC		
<u></u>	Name of L	imited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are s	ubmitted for filing.	
Please return all co	orrespondence concerning this matt	er to the following:	
	Olatokunbo Osanyinjobi		
		Name of Person	
	Notary Job LLC		
		Firm/Company	
	8900 N Armenia Avenue	e Suite 212	
		Address	
	Tampa, FL 33604		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	admin@notaryjob.net	s: (to be used for future annual report notific	
For further inform	nation concerning this matter, please		anon)
Ola Osanyinjobi		813 766-8232	
, , , , , , , , , , , , , , , , , , ,	Name of Person	at () Area Code Daytime	Telephone Number
Enclosed is a chec	ck 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing /</u> Registra	Address: ation Section	<u>Street Address:</u> Registration Sect	ion
Divisio	n of Corporations	Division of Corpo	orations
P.O. Bo	ox 6327	The Centre of Ta	llahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Notary Job 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 06/29/2020 __ and assigned Florida document number L20000181057 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 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) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address ZEDD SE / 30) Aii 8 Type of Action
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