

# L20000181057

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

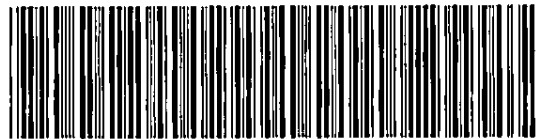
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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Division of State  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

O SIMMONS

SEP 30 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Notary Job LLC

\_\_\_\_\_  
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:

Olatokunbo Osanyinjobi

\_\_\_\_\_  
Name of Person

Notary Job LLC

\_\_\_\_\_  
Firm/Company

8900 N Armenia Avenue Suite 212

\_\_\_\_\_  
Address

Tampa, FL 33604

\_\_\_\_\_  
City/State and Zip Code

admin@notaryjob.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ola Osanyinjobi

813 766-8232

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check 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)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

| Title | Name            | Address                 | Type of Action                             |
|-------|-----------------|-------------------------|--|
| MGR   | ABIDEMI ADETUTU | 3511 LOGGERHEAD WAY     | <input type="checkbox"/> Add               |
|       |                 | WESLEY CHAPEL, FL 33544 | <input checked="" type="checkbox"/> Remove |
|       |                 |                         | <input type="checkbox"/> Change            |
|       |                 |                         | <input type="checkbox"/> Add               |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2020 SEP 30 AM 8:34

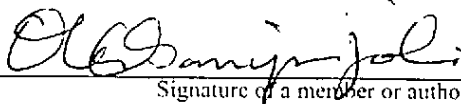
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated SEPTEMBER 28 2020



Signature of a member or authorized representative of a member

OLATOKUNBO OSANYINJOBI

Typed or printed name of signee