

L2C JOC 196 Z86

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

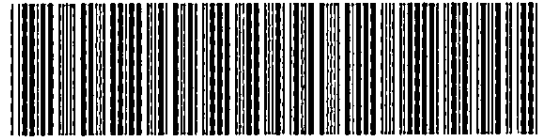
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/01/2019 10:00:00 AM

NOV 16 2020

○ SIMMONS

NOV 16 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2020

ANAILA PIERRE  
1165 PALM VIEW RD  
SARASOTA, FL 34240

SUBJECT: YOUR TIME MATTERS MOBILE NOTARY LLC  
Ref. Number: L20000196286

We have received your document for YOUR TIME MATTERS MOBILE NOTARY LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 820A00020326

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Your Time Matters Mobile Notary 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:

Anaila Pierre

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

Your Time Matters Mobile Notary

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

1165 Palm View Rd

\_\_\_\_\_  
Address

Sarasota, Florida 34240

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

anapierre27@gmail.com

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

For further information concerning this matter, please call:

Anaila Pierre

941

2840863

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Your Time Matters Mobile Notary 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 07/08/2020 and assigned  
Florida document number L20000196286.

This amendment is submitted to amend the following:

**. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

N/A

**Principal office address MUST BE A STREET ADDRESS)**

N/A

N/A

**Enter new mailing address, if applicable:**

N/A

**Mailing address MAY BE A POST OFFICE BOX)**

N/A

N/A

**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:

1165 Palm View Rd

*Enter Florida street address*

Sarasota

*City*

Florida 34240

*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.*

RECEIVED

NOV 03 2020

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

11/14/2016 11:16

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

MGR	Anaila Pierre	1165 Palm View Rd Sarasota, Florida 34240	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

AMBR	Anaila Pierre	1165 Palm View Rd Sarasota, Florida 34240	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

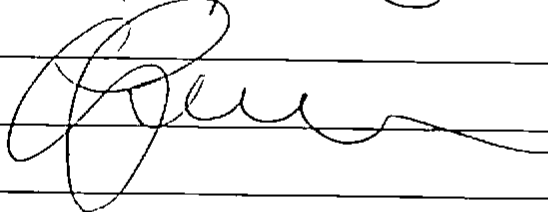
I am Anaila Pierre and I am the Business owner and

I was told by my bank that I could not open a business account because there were no authorized person on the business. Therefore, I am doing this amendment to get an authorized person on the business which mean I am the only one running the business. where ever that needs my name to authorized and own the business please make the changes. When I file the application I thought it gives me total authorization to <sup>do</sup> what I want with the buisness.

I found the original filling confusing on how to fill out the application that is why it was not file right

so I am hoping I am doing this right. Thank you.

Anaila Pierre



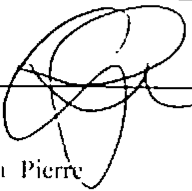
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 \_\_\_\_\_



Signature of a member or authorized representative of a member

Anaila Pierre

Typed or printed name of signee