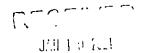
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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FILED 2021 JAN 19 MIN: 25

2/23/21

## **COVER LETTER**

Division of Corp	prations	
SUBJECT: Toylo	Name of Limited Liability Company	
	mendment and fee(s) are submitted for filing.  dence concerning this matter to the following:	
	Felicia Taylor  Name of Person  Taylors Mobile Notage Tax Services LLC  Firm/Company  5780 Kingsgate DR APT A  Address  Drlando, FL 32839  City/State and Zip Code  Mobile. + aylors notary ogmail. Com  E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	
Felicia Name of I	Ory 10V at (108) 897-3337  Person Area Code Daytime Telephone Number	
Enclosed is a check for the \$25.00 Filing Fee	following amount:    S30.00 Filing Fee &   S55.00 Filing Fee &   S60.00 Filing Fee,   Certificate of Status   Certified Copy   Certified Copy     fadditional copy is enclosed)   Certified Copy     (additional copy is enclosed)	

TO:

Registration Section

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

Taylors Mobile Notary		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our recombility Company)	ords.)
The Articles of Organization for this Limited Liability Company v Florida document number $\underline{L2000207363}$ .	vere filed on	$\rho/2020$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		
Taylor Made Notary & Rosun		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "L	.LC" or the abbreviation
Enter new principal offices address, if applicable:	_	<u></u>
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		. 9 [
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, ent	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	Irace
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, ovided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is

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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n effective : o <u>te:</u> If the	dare is listed. date insert	er than the , the date must ed in this bloate on the De	t be specifi ock does	ic and ca not mee	et the app	olicable s	e of filing statutory	or more filing re	than 90 da quireme	(optional) The system of the s	iling.) Pur	suant to not be	605.0207 listed as
ocard case	cifies a dela	iyed effective	e date, bu	it not ar	ı effectiv	e time, a	a 12:01 a	a,m. on t	he earlie	r of: (b)	The 90	th day :	after the
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is filed.	Janua	ry 14" Felici Felici	Signature	of a me	JOD Mor or a	uthorized	represen	tative of :	: member				-