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COVER LETTER

TO: Registration S Division of Co		:	?
	e Notary, LLC		
SODIEC.1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cristina Carter		
		Name of Person	
	Tallahassee Notary, LLC		
		Firm/Company	
	3035 Eliza Road		
		Address	
	Talfahassee, FL 32308		
		City/State and Zip Code	
	info@tallynotary.com E-mail address: (to be used for future annual report notif	ication)
For further information (concerning this matter, please co	all:	
Cristina Carter		850 9997727	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	

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

Tallahassee Notary, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>v)</u>
The Articles of Organization for this Limited Liability Completion of Organization for this Limited Liability Completion of Organization for this Limited Liability Complete C	pany were filed on 10/08/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	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 ADDRES.	<u>s</u>)	
Enter new mailing address, if applicable:	3035 Eliza Road	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	Tallahassee, FL 32308	-
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, <u>enter</u>	the name of the new regist
Name Danistan of 7000 at Addition		
New Registered Office Address:	Enter Florida street addres:	v
	. Flo	orida
	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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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fective date, if other than to the date is listed, the date is firsted in this cument's effective date on the	block does not mee	et the applicable	late of filing or more e statutory filing re	(option than 90 days after equirements, this	nal) filing.) Pur: date will	suant to 605.02 not be listed
ecord specifies a delayed effectis filed.	rtive date, but not ar	effective time.	, at 12:01 a.m. on	the earlier of: (b)	The 90t	h day after th
March 1	 • .	2022				
	1		ed representative of			

Filing Fee: \$25.00