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FILED 2021 JAN 11 FM 5: 05

2/17/21

COVER LETTER

TO: Registration S Division of Co				
OLIOTEON	BILE NOTARY LLC	a.		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	MARGARITA DIAZ			
		Name of Person		
	CAPE MOBILE NOTARY	/ LLC		
	Firm/Company			
	8700 ASTRONAUT BLVD #1199 Address			
	CAPE CANAVERAL FL.	32920		
	capemobilenotary@gmail.c			
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no	tification)	
MARGARITA DIAZ	,	813 304-8800		
Name o	of Person	at () Area Code Dayti:	me Telephone Number	
Enclosed is a check for t	he 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)	
Mailing Addre		Street Address:	action	
Registration Division of C		Registration S Division of Co		
P.O. Box 632		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPE MOBILE NOTARY LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) nited Liability Company)	
ne Articles of Organization for this Limited Liability Comp	pany were filed on DECEMBER 02, 202	0 and assigned
orida document number 1.20000377780		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	l liability company here:	
'A		
e new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	
rincipal office address MUST BE A STREET ADDRES		2021
		<u> </u>
nter new mailing address, if applicable:	N/A	<u>", in</u>
failing address MAY BE A POST OFFICE BOX)		
		. 0
		O1
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	а
	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
MGR	MARGARITA DIAZ	329 PIERCE AVE #4	≣ Add
		CAPE CANAVERAL, FL 32920	□Remove
			Change
MGR	KAMILLE M MATOS	7093 VISTA HERMOSA DR	🗆 Add
		MELBOURNE, FL 32940	Remove
			□Change
MGR	EDGAR QUINONES	3923 TUROW LN	
		ORLANDO, FL 32828	
			Change
MGR	JORGE G RODRIGUEZ	2708 WHITE ISLE LN	□Add
	ORLANDO, FL 32825	≅Remove	
			_\ _\ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change

N/A	
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	05
DECEMBER	R 03. 2020
fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to	(optional)
ote: If the date inserted in this block does not meet the applical	ble statutory filing requirements, this date will not be listed
ocument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective tim	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
14 Y 14 D V (V	
JANUARY 06 2021	<u> </u>
$I_{\bullet}(C)$	
Mula	Y
Signature of a member or author	nized representative of a member

Filing Fee: \$25.00