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COVER LETTER

Registration Section Division of Corporations

TO:

Integrity Mobile Notary & Credit Services LLC SUBJECT:				
Sobrect.	Name of Lim	ited Liability Company	-	
3 9				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Dominique Johnson			
		Name of Person		
	Integrity Mo	bile Notary & Credi	1 Services	
	235 East 5th Street			
		Address		
	Anonhu 121 22702			
	Apopka, FL 32703			
	integritymnfs@gmail.com	City/State and Zip Code		
		to be used for future annual report notific	cation)	
For further information c	oncerning this matter, please c	all:		
Dominique Johnson		407 621-1593 at()		
Name of Person			Felephone Number	
Enclosed is a check for the	he 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 Addres Registration 9 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Sect Division of Corpe The Centre of Ta 2415 N. Monroe	orations Hahassee	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Integrity Mobile Notary & Credity Services 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 1	Liability Company we	re filed on 12/14/2020	and assigned
Florida document number 1.20000389225	·		-
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability	y company here:	
Integrity Mobile Notary & Consulting LLC			
The new name must be distinguishable and contain the	words "Limited Liability (Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if appli	cable: _		
(Principal office address MUST BE A STRE	_		
	_		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE	BOX)		
···		,	
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office add ess here:	ress on our records, <u>enter the i</u>	name of the new registered
Name of New Registered Agent:	Dominique Johnson	n	
New Registered Office Address:	130 Oak Street		2021 NOV 23
		Enter Florida street address	io.
	Clermont	Florida	347115 🔀
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		F 8.
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete per istered agent as pro- registered office ad	formance of my duties, and Lovided for in Chapter 605, F.S.	im famillur with and 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>	<u>Address</u>	Type of Action
			
			□Remove
		 	□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			□ Add
			□ Remove
			□ Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: 10 9/201 (optional) (Bran effective date is listed, the date must be specific and comed be prior to date of filing or more than 90 days after thing.) Pursuant to 605,0207 (3 Note: 11 the date inserted in this block does not meet the applicable statotory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 cord is filed. Dated October 6th 2021 Dominique Johnson		
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