## LZ10000009301

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

Tallahassee, FL 32314

|   | Registration Se<br>Division of Co     |  |  |  |  |  |  |
|---|---------------------------------------|--|--|--|--|--|--|
| SUBJEC  | Also LLC                              |  |  |  |  |  |  |
| SUBSEC  | · · · · · · · · · · · · · · · · · · · | Name of Lin                                  | nited Liability Company  |  |  |  |  |
| The enclo                                     | osed Articles of                      | Amendment and fee(s) are sul                 | omitted for filing.  |  |  |  |  |
| Please ret                                    | urn all correspo                      | ondence concerning this matter               | to the following:  |  |  |  |  |
|   |                                       | Jens Andersen                                |  |  |  |  |  |
|   |                                       |  | Name of Person   | ·  |  |  |  |
|   |                                       | All Access Consulting Gro                    | oup, Inc   |  |  |  |  |
|   |                                       |  | Firm/Company   |  |  |  |  |
|   |                                       | 1909 Elk Spring Drive                        |  |  |  |  |  |
|   |                                       | Address                                      |  |  |  |  |  |
|   |                                       | Brandon, FL 33511                            |  |  |  |  |  |
|   |                                       |  | City/State and Zip Code  |  |  |  |  |
|   |                                       | allaccesscg@gmail.com                        |  |  |  |  |  |
| For furthe                                    | r information c                       | oncerning this matter, please c              | to be used for future annual report r                                | otification)   |  |  |  |
| Jens Ando                                     |                                       | ensering and matter, prease c                |  |  |  |  |  |
|   |                                       | C.D.   | at ()  |  |  |  |  |
|   | Name o                                | 1 Person                                     | Area Code Day  | time Telephone Number  |  |  |  |
| Enclosed i                                    | is a check for th                     | ne following amount:                         |  |  |  |  |  |
| \$25.0  | 0 Filing Fee                          | ☐ \$30.00 Filing Fee & Certificate of Status | Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |  |
|   | lailing Address                       |  | Street Address:  | ·  |  |  |  |
| Registration Section Division of Corporations |                                       |  | Registration Section Division of Corporations                        |  |  |  |  |
| P.O. Box 6327                                 |                                       |  | The Centre of  |  |  |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

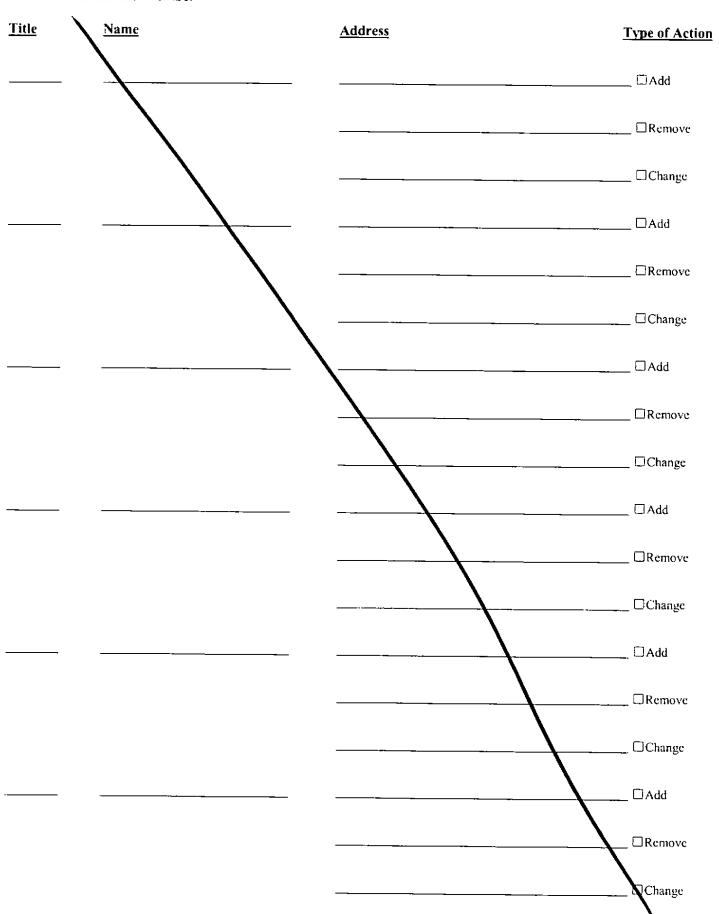
| Also, LLC   |   |                       |
|---|---|-----------------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited   | pany as it now appears on our records.)<br>d Liability Company) |                       |
| The Articles of Organization for this Limited Liability Compan  | y were filed on 12-30-2020                                      | and assigned          |
| Florida document number L21000009301  |   |                       |
| This amendment is submitted to amend the following:   |   |                       |
| A. If amending name, enter the new name of the limited lia  | bility company here:  |                       |
| Also Notary, LLC  |   |                       |
| The new name must be distinguishable and contain the words "Limited Liab  | oility Company," the designation "LLC" or the                   | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |                       |
| Principal office address MUST BE A STREET ADDRESS)  |   | -                     |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                             |   |                       |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name                          | me of the new regi    |
| Name of New Registered Agent:   |   | শ্ৰ                   |
| New Registered Office Address:  |   | -1<br>                |
|   | Enter Florida street address                                    |                       |
|   |   |                       |
| ·   | , Florida   | Zip Code              |

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 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



|                                       | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
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|                                       | 02.05.2021   |
| <b>ffectiv</b> e<br>an <b>e</b> ffect | e date, if other than the date of filing:    O2-05-2021  |
| <del></del>                           | the 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| ocumen                                | t's effective date on the Department of State's records.   |
| record s                              | expecifies a dulaward off-paring data but any  |
| is filed                              | 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   |
|                                       | 2.15 20-2 ( 14.  |
| ated                                  | 3-15-202h JA, 2021   |
|                                       | $\alpha M = \alpha$  |
|                                       | Signature of a member or authorized representative of a member   |
|                                       | additional representative of a member  |
|                                       | <u></u>  |