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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TEYArnna'S Mobile Notary Services LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Teyarnna L Snyder
Teyarnna's Mobile Notary Services LLC
6033 Oak Shadow St. Apt 14201
Orlando FL 32835 City/State and Zip Code
Services & Leyarnas notary . Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Teyarnna L Snyder at (489) 777-2500 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Teyarnna's Mobile Notary 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 Liability Company were filed of January 8, 2021 and assigned Florida document number <u>L2</u>10000 21865 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L. 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Teyarnna L Snyder	6033 Oakshadow St.	□Add
	,	6033 Oakshadow St. Apt 14201	□Remove
		Orlando FL 32835 Changing +itle From Ci to Jumonized Memb	EO)
			□Remove
			□Change
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			□Change

11 211	nending any other information, enter change(s) here: (Auach additional sheets, if necessary.)
(If an e Note	tive date, if other than the date of filing:
the reco	ord 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 filed.
Date	February 17 2021.
	Signature of a member of authorized representative of a member
	Teyarnna L Snyder
	Typed or printed name of signee

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