K21 000055530

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
	usiness Entity Nar	
Certified Copies		
Special Instructions to	Filing Officer:	
	Office Use On	lv



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5.C

COVER LETTER

TO: Registration Sc Division of Cor			
	d Signatures. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Paola E. Feliciano		
		Name of Person	
		Firm/Company	
	2103 Blossom Terrace		
		Address	
	Orlando, FL 32839		
	pfcsignatures@yahoo.com	City/State and Zip Code	
		to be used for future annual report notification)	
For further information of	oncerning this matter, please ca	all;	
Paola E. Feliciano		407 272-3914 at ()	<u> </u>
Name o	r Person	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	(additional copy is enclosed) Certified C	of Status &
			17071
Mailing Address Registration of Control of C	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816	
		Tallahassee, FL 32303	3.4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PF Certified Signatures, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on ou a Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability C Florida document number £21000055530	Company were filed on $\frac{2/1/2021}{}$	and assigned
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	uited Liability Company," the designati	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of my di gent as provided for in Chapte ed office address, I hereby con	uties, and Lam familiar with and er 605, F.S. Or, ifthis 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>	Address	Type of Action
MGR	Paola E. Feliciano	2103 Blossom Terrace	
		Orlando, FL 32839	□Remove
			□Change
AMBR	Paola E. Feliciano	2103 Blossom Terrace	■Add
		Orlando, FL 32839	□Remove
			□ Change
			□Add
			[]Remove
			□Change
			□Add
			□ Remove
			□ :1 □ Remove
			□Change
			□Add
			Remove
			Change

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an effective date is use ote: If the date inser	d, the trace must be sper rted in this block does	cific and cannot be prio es not meet the applic	r to date of filing or cable statutory fil	more than 90 days after ring requirements, this	date All not be lis	15.02 sted
ocument's effective of	date on the Departme	ent of State's records	i.	,		
					APR 1	
record specifies a del	layed effective date.	but not an effective t	ime, at 12:01 a.m	. on the earlier of: (b)	The 90th day aft	er tl
is filed.	·				<u> </u>	
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	Signate	are of a member or auth	norized representati	re of a member		