

121000117307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

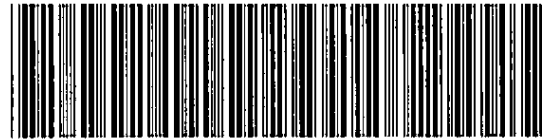
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/29/21--01014--003 \*\*25.00

2021 JUL -6 AM 9:17

FILED

Amend

AUG 18 2021  
1 ALBRITTON

## COVER LETTER

RECEIVED

TO: Registration Section  
Division of Corporations

2021 JUL -6 PM 4:08

SUBJECT: M + M Notary Services, LLC  
Name of Limited Liability Company

FILED  
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica B St Paul  
Name of Person

M + M Notary Services, LLC  
Firm/Company

16835 Peaceful valley Drive  
Address

Wimauma, FL 33598  
City/State and Zip Code

mmNotaryServices123@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica B St Paul at (757) 469-3660  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

L21-117307



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2021

MONICA B. ST. PAUL  
16835 PEACEFUL VALLEY DRIVE  
WIMAUMA, FL 33598

SUBJECT: M & M NOTARY SERVICES, LLC  
Ref. Number: L21000117307

We have received your document for M & M NOTARY SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please remove the entity name from the new name field if you're not changing it.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 421A00012910

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

M + M Notary 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 Liability Company were filed on 3.11.21 and assigned  
Florida document number L21000117307

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 "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)

**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*

Florida

*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 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>           | <u>Type of Action</u>                      |
|--------------|-------------------|--------------------------|--|
| MGR          | Madeline Diaz     | 16835 Peaceful valley Dr | <input type="checkbox"/> Add               |
|              |                   | Winnamun FL 33598        | <input checked="" type="checkbox"/> Remove |
|              |                   |                          | <input type="checkbox"/> Change            |
| MGR          | Monicee B St Paul | 16835 Peaceful Valley Dr | <input checked="" type="checkbox"/> Add    |
|              |                   | Winnamun, FL 33598       | <input type="checkbox"/> Remove            |
|              |                   |                          | <input type="checkbox"/> Change            |
|              |                   |                          | <input type="checkbox"/> Add               |
|              |                   |                          | <input type="checkbox"/> Remove            |
|              |                   |                          | <input type="checkbox"/> Change            |
|              |                   |                          | <input type="checkbox"/> Add               |
|              |                   |                          | <input type="checkbox"/> Remove            |
|              |                   |                          | <input type="checkbox"/> Change            |
|              |                   |                          | <input type="checkbox"/> Add               |
|              |                   |                          | <input type="checkbox"/> Remove            |
|              |                   |                          | <input type="checkbox"/> Change            |
|              |                   |                          | <input type="checkbox"/> Add               |
|              |                   |                          | <input type="checkbox"/> Remove            |
|              |                   |                          | <input type="checkbox"/> Change            |

[illegible]

(If an effective 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 (3)(b)

If 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 record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_.

*Monica B. St Paul*  
Signature of a member or authorized representative of a member

Monica B St Paul  
Typed or printed name of signee

**Filing Fee: \$25.00**