## LZ10001240Z4

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



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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine State Mobile Notary Services, LLC	
( <u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability C	ow appears on our records.) ompany)
he Articles of Organization for this Limited Liability Company were file	ed on 3/16/2021 and assigned
lorida document number 1.21000124024	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability con	npany here:
ne new name must be distinguishable and contain the words "Limited Liability Compa	nny," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	PH 10:
nter new mailing address, if applicable:	<del></del>
Auiling address MAY BE A POST OFFICE BOX)	—————————————————————————————————————
	<del>-</del>
. If amending the registered agent and/or registered office address (	on our records, <u>enter the name of the new reg</u>
ent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
Ciţv	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>	Address	Type of Action
AMBR	Sharon Gallo	8064 Tower Street, Brooksville, Fl 34613	<b>∃</b> Add
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fective date, if other an effective date is listed, ote: If the date insert ocument's effective date record specifies a delatis filed.  May 18  May 18	the date must be specified in this block does attended to the Department syed effective date, but	ic and cannot be prior to not meet the applicant of State's records.  It not an effective tire applicant of the content of the	ble statutory filing r	than 90 days after fi equirements, this c the earlier of: (b)	ling.) Pur late will	not be listed a