

h21 000 143 330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

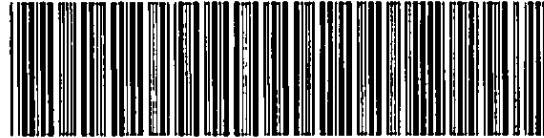
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUL 21 PM 12:31

STATE OF ALA
JUL 21 2022

Amend/Name
Change

JUL 21 2022

D CUSHING

~~6122-90220~~

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: A+ Notary & Fingerprint 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:

Angeline Pascal

Name of Person

Firm/Company

4428 Martins Way

Address

Orlando FL

City/State and Zip Code

Notarisebyangie@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angeline Pascal

321 989-7821

at ()

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

FILED
2022 JUL 21 PM 12:31



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2022

ANGELINE PASCAL
4428 MARTINS WAY
ORLANDO, FL 32808

SUBJECT: A+DISPATCH / PRINTING SERVICES LLC
Ref. Number: L21000143330

We have received your document for A+DISPATCH / PRINTING SERVICES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6053.

Yvette Scott
Supervisor

Letter Number: 622A00009068



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 JUL 21 AM 10:12

June 30, 2022

ANGELINE PASCAL
4428 MARTINS WAY
ORLANDO, FL 32808

SUBJECT: A+DISPATCH / PRINTING SERVICES LLC
Ref. Number: L21000143330

We have received your document for A+DISPATCH / PRINTING SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 122A00014850

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

A+ Dispatch / Printing 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 06/10/2021 and assigned
Florida document number L21000143330.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A+ Notary / Fingerprint Services LLC

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: 4428 Martins Way, Orlando Florida, 32808

(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>
AMBR	Angeline Pascal	4428 Martins way	<input checked="" type="checkbox"/> Add
		Orlando FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Angeline Pascal	4428 Martins way	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Owner	Angeline Pascal	4428 Martins way	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _____, _____

Signature of a member or authorized representative of a member

Angeline Pascal
Typed or printed name of signee