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A. BUTLER FEB 1 8 2022

COVER LETTER

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SHD IE		A Family M	Iobile Notary Services, LLC	•	•	
SUBJEC	٠1:	-	Name of Limit	ed Liability Company		
The encl	osed	Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please re	eturn	all correspo	ndence concerning this matter to	o the following:		
			Marie M. Laplante			
				Name of Person		
			A Family Mobile Notary Se	rvices, LLC		
				Firm/Company	···	
			1600 NW 2nd Ave; Suite 20)		
				Address		
			Boca Raton, Fl. 33432			
				City/State and Zip Code		
			info@notaryplusmore.com			
			E-mail address: (to	be used for future annual rep	ort notification)	
For furth	ner in	formation co	oncerning this matter, please cal	1:		
Marie M	1. La _l	plante		561 491-9	9550	
		Name of	Person	at () Area Code	Daytime Telepho	one Number
Enclosed	l is a	check for th	e following amount:			
		iling Fee	☐ \$30.00 Filing Fee &	■ \$55.00 Filing Fee &		\$60.00 Filing Fee,
<u> </u>	.001	ang rec	Certificate of Status	Certified Copy (additional copy is enclose		Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Address		Street Addi	ress: on Section	
Registration Section Division of Corporations					of Corporation	ons
		. Box 632	•		re of Tallahas	

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JAN 31 PM 1: 11

A Family Mobile Notary Services, LLC (Name of the Limited Liability Company as it now appears on our records. TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on _______ and assigned _______ and assigned Florida document number L21000144478 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: A Family Notary and Fingerprinting, 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: (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.

, Florida ___

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>	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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