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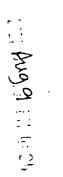
(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name	<u></u>
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(Document Number)	
Certified Copies Certificates of	of Status
Special Instructions to Filing Officer:	
, and a	

Office Use Only



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July 14, 2021

DANITA LAWRENCE 3425 BAYSIDE LAKES BLVD SE STE. 103 PALM BAY, FL 32909

SUBJECT: BRINGING THE INK, LLC

Ref. Number: L21000146998

We have received your document for BRINGING THE INK, 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):

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) 245-6050.

Letter Number: 721A00014923

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	Registration Sec Division of Corp				
SUBJEC		THE INK, LLC			
SO DIFE	**	Name of Lim	ited Liability Company	 	
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspor	dence concerning this matter	to the following:		
		DANITA LAWRENCE			
			Name of Person		
		BRINGING THE INK. LL	C		
		*******	Firm/Company		
		3425 BAYSIDE LAKES I	BLVDSE Suite	103	
			Address		
		PALM BAY, FL 32908			
	. Q.	v INFO@BRINGINGTHEIN	City/State and Zip Code K:COM: Tafa Dhina	ing the ink notary	l Como
		E-mail address: (to be used for future annual report notifi	cation)	
For furth	er information co	ncerning this matter, please ca	all:		
DANITA	LAWRENCE		888 778-0142		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for the	e following amount:			
□ \$ 25.6	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRINGING THE INK, LLC		
(Name of the Limited Liability Compan- (A Florida Limited Lia	as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on <u>03/03/2021</u>	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ty company here:	
BRINGING THE INK NOTARY, LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name	of the new registere
agent and/or the new registered office address nere.		
Name of New Registered Agent:		
	,	- [::]
New Registered Office Address:	Enter Florida street address	
		J. J.
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	Zip Code
	to anti- this ammunity I foother any	·
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		
accept the obligations of my position as registered agent as pr	ovided for in Chapter 605, F.S. Or, i	f this document is
being filed to merely reflect a change in the registered office a	ddress, I hereby confirm that the lim	ited 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
			□Add
			□Remove
			Change
			□Add
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ective date, if other than t	the date of filing:	o date of filing or more than 90 days at	tional) ter filing) Pursuant to 605 0207
effective date is listed, the date	block does not meet the application	ble statutory filing requirements, t	his date will not be listed as
effective date is listed, the date tee: If the date inserted in this			
effective date is listed, the date	e Department of State's records.		
effective date is listed, the date te: If the date inserted in this unient's effective date on the			
effective date is listed, the date te: If the date inserted in this unnent's effective date on the cord specifies a delayed effective		ne, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
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effective date is listed, the date te: If the date inserted in this nument's effective date on the cord specifies a delayed effect filed.	ctive date, but not an effective tin	_·	(b) The 90th day after the
reffective date is listed, the date ite: If the date inserted in this ument's effective date on the cord specifies a delayed effects filed.	ctive date, but not an effective tin	_·	(b) The 90th day after the
reffective date is listed, the date ite: If the date inserted in this ument's effective date on the cord specifies a delayed effects filed.	2021	_·	(b) The 90th day after the

Filing Fee: \$25.00