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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Notany & Immigran Name of Limited Lia	t professional Services I.f.C
The enclosed Articles of Amendment and fee(s) are submitted	•
Please return all correspondence concerning this matter to the	following:
Samanta pr	ye - Sin itm Name of Person
	polescinal Services I/C.
6621 NW 82	Address Address State and Zip Code Address State and Zip Code
Tamarac F	State and Zip Code 1.5000
K3 UXE K@ 9ma E-mail address to be us	ed for future annual report notification)
For further information concerning this matter, please call:	m 6
Samantia Pryce-Smith	at (<u>754</u>) <u>249 5178</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	S55.00 Filing Fee & S60.00 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

Notary & Immigrant Orofessional Services JLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited	т парінту Сопірану)		
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 2 000151787</u> .	y were filed on April	1, 2021	and assigned
This amendment is submitted to amend the following:		12	53 53
A. If amending name, enter the new name of the limited lia	bility company here:		27
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designat	f11 (i	ation "L.ILC"
Enter new principal offices address, if applicable:		- ES - ES - ES	
(Principal office address MUST BE A STREET ADDRESS)		<u>ri</u>	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6621 NO Tamaca	U 84 th S L ^T * 3332	treet
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of	the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	vet address	
		Florida	
	Cîţy	Zı	ip 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 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
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			□Remove
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Effect	ive date, if other than the date of filing: March 1, 2023 (12:01 am (optional)	
(If an ef)	fective 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 6	05.0207 (3)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li	sted as the
docun	nent's effective date on the Department of State's records.	
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
cord is fi	ied.	
	Tolon 03 000	
	HUMM d) 1025	
Dated		
Dated	Tehnon 23 2023.	

Filing Fee: \$25.00

Samanta