h21000169492

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Registration Section

TO:

Division of Corp	orations		
	BILE NOTARY L.L.C.	*	
SUBJECT:	Name of Limite		
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspor	ndence concerning this matter to	the following:	
	Olivia D Smith		
		Name of Person	
•	OHANA MOBILE NOTAR	Y L.L.C.	
		Finn/Company	
	40 NE 212th St		
		Address	
	Miami, FL 33179		
		City/State and Zip Code	
	Mame of Limited Liability Company mendment and fee(s) are submitted for filing. dence concerning this matter to the following: Olivia D Smith Name of Person OHANA MOBILE NOTARY L.L.C. Finnt/Company 40 NE 212th St Address Miami. FL 33179 City/State and Zip Code OliveOhanaNotary@Gmail.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: Area Code Order S30.00 Filing Fee & Certificate of Status Certificate of Status Size Certificate of Status Size Section Orporations The Centre of Tallahassee		
For further information c			~
Olivia D Smith		at (
Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addre</u> Registration			Section
Division of (Corporations	Division of Co	orporations
P.O. Box 63:			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Ciability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000169492	were filed on April 12, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	40 NE 212th St.	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33179	
Enter new mailing address, if applicable:	40 NE 212th St.	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33179	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
<u></u>	Enter Florida street address, Florida	· · · · · · · · · · · · · · · · · · ·
	City	Zip Code (11)
New Registered Agent's Signature, if changing Registered Agent:		

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	
ABADD -	and the state of t	

<u> Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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cament a criccity	te date on the Depart	THE OF CHARGES				
ecord specifies a is filed.	delayed effective date	e, but not an eff	ective time, at 12	:01 a.m. on the ear	lier of: (b) The 9	90th day after t
,	May 12th	, <u>_</u>	021.			73 22).
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