## LZI 000 189033

Office Use Only



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And the Committee of the Angling's

## **COVER LETTER**

TO:	Registration Se Division of Cor					
	BDO NOT	ARY SIGNING AGENTS LLC				
SUBJE	CT:	Name of Lim	ited Liability Company			
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		BRIAN OFFICER				
			Name of Person	<del></del>		
		BDO NOTARY SIGNING	AGENTS LLC			
			Firm/Company			
		215 CINNAMON COVE	DR UNIT #106			
		-	Address			
	MELBOURNE, FL 32901					
		brianofficer@att.net	City/State and Zip Code			
		E-mail address: (	to be used for future annual report notific	cation)		
For furt	ther information c	oncerning this matter, please ca	all:			
	OFFICER		407 454-3330			
		A.D.	at ()	Telephone Number		
	Name o	f Person	Area Code Daytime	reiepnone Number		
Enclose	ed is a check for the	ne following amount:				
Ø \$2:	5.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Included In	, , ,	were filed on	and assigned	
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
BIXO NOTARY SERVICES LLC				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if appli	icable:	N/A		
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX)		N/A		
<ol> <li>If amending the registered agent and/or agent and/or the new registered office addresses</li> </ol>	~	address on our records, <u>enter the</u>	name of the new regist	
Name of New Registered Agent:	N/A		· ·	
New Registered Office Address:	N/A		<u> </u>	
		Enter Florida street address		
		, Florid	da	
		City	Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

RINO NOTARY, SIGNING AGENTS LLC.

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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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ective date, if other than the netlective date is listed, the date muster: If the date inserted in this blument's effective date on the December 2.	st be specific and cannot be prior ock does not meet the applic	r to date of filing or more the cable statutory filing requ	(optional) an 90 days after filing.) Pursuan uirements, this date will not	t to 605.020 be fisted a
cord specifies a delayed effectives filed.	e date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th da	ay after th
May 24	2021			
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ted				
May 24  Buin Of	L			