L21000305837

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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01/30/24--01021--021 **25.00



COVER LETTER

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

SUBJECT:	SUNBELT NO	TARY SERVICES LLC	
	Name of Lin	sited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
		DAVID MARTINEZ	
		Name of Person	
	SUNBE	LT NOTARY SERVICES LLC	
		Firm/Company	
	3	236 FORUM BLVD #1031	
		Address	
		FORT MYERS, FL 33905	
		City/State and Zip Code	
		avidmswfl@gmail.com to be used for future annual report no	otification)
For further information of	concerning this matter, please c		
DAVID	MARTINEZ	239	478-0301
Name c	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	_	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration :		<u>Street Address:</u> Registration S	ection
Division of C P.O. Box 632	lorporations	Division of Co The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SUNBELT NOTARY SERVICES LLC

ARTIC	LES OF AMENDMENT TO	our records.)
ARTICL	ES OF ORGANIZATIO	N The State of the
	OF	16 10
		The state of the s
	ELT NOTARY SERVICES LLC	our records)
(A F)	ability Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabili	ty Company were filed on	JLY 02, 2021 and assigned
Florida document numberL21000305837	,, company was man en <u></u>	
	 :	
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
SUNBELT SERVICES		
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		I consider the second of the s
B. If amending the registered agent and/or regist agent and/or the new registered office address he		as, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida s	treet address
		, Florida
_	City	Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the register company has been notified in writing of this change	nd complete performance of my ed agent as provided for in Chap stered office address, I hereby co	duties, and I am familiar with and oter 605, F.S. Or, if this document is

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
			□Remove
			□Change
			□Add
			□Remove
			
			\ _Remove
			□Change
			Remove
			Change
			□Remove
			□ Change

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fecti m eff	ve date, if other than the date of filing: (optional) ctive 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 605,0207
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ecor is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ited	·
	Signature of a member or authorized representative of a member
	Company of a grambar or with a final charge partning of a grambar
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00