K21000311275

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Sasinosa Entity Marrie)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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. COVER LETTER

TO: Registratio Division of	n Section Corporations			
	. Doc, LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Article	es of Amendment and fec(s) are sub-	mitted for filing.		
Please return all corn	respondence concerning this matter	to the following:		
	Ronette A. O'Neal			·
	-	Name of Person		
	Note A Doc, LLC			
		Firm/Company		
	3106 NE 156th Avenue		. 5	.
		Address		;
	Gainesville, FL 32609-883	8	· 5	; -
		City/State and Zip Code		, ,
	notcadoc@yahoo.com		— ·	
		to be used for future annual report notification)	<u></u>	
For further informat	ion concerning this matter, please c	all:		
Ronette A. O'Neal		352 215 0928 at ()		
N:	ame of Person	Area Code Daytime Telephone N	Kumber	
Enclosed is a check	for the following amount:			
\$25.00 Filing F	ce □ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status (ertified Copy Iditional copy is enclose	
Division P.O. Box	ion Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.21000311275	were filed on July 8, 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:	
Note A Doc & Financial Services, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3106 NE 156th Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Gainesville, FL 32609-8838	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 6097 Gainesville, FL 32627-6097	
		2022
B. If amending the registered agent and/or registered office	address on our records, enter the na	ime of the new regi
agent and/or the new registered office address here:		= = :
Name of New Registered Agent:		<u>. ශූ ථ</u>
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip 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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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			□Add
			□Remove
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			— □ Add □ Add □ Compared to the compared to
			— □Change
			□Add
			□Remove
			□Change
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			∏Charun

Typed or printed name of signee

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