LZ1000313213

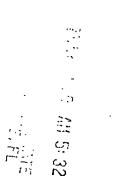
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200425598702

09/19/24--01010--001 **25.00





COVER LETTER

TO:

TO: Registrati Division o	on Section f Corporations			
on news	INKED UP NOTARY SERVIC	CES		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articl	es of Amendment and fee(s) are sub	omitted for filing.		
Please return all cor	respondence concerning this matter	to the following:		
		LUCIE T. BASS		
		Name of Person		
	INKED UP SERVICES. LLC Firm/Company			
	, , , , , , , , , , , , , , , , , , ,			
	45	5 N. US HIGHWAY 41 #2031	· · · · · · · · · · · · · · · · · · ·	
		Address	رز	
	1	RUSKIN, FLORIDA 33570		
	·	City/State and Zip Code	<u> </u>	
		IKEDUPSVCSLLC@GMAIL.CO	1.,	
For further informa	E-mail address:	(to be used for future annual report noti call:	neation)	
LUCIE T. BAS	SS	at (<u>813</u>) 241-5758		
N	ame of Person		e Telephone Number	
Enclosed is a check	for the following amount:			
⊠ \$ 25.00 Filing F	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)	
Division	tion Section of Corporations	Street Address: Registration Se Division of Cor	porations	
P.O. Box Tallahas	c 6327 see, FL 32314	The Centre of T 2415 N. Monro Tallahassee, FL	e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INKED UP NOTARY SERVICES, LLC

	LC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records inhibity Company)	.)
he Articles of Organization for this Limited Liability Company	were filed on07/08/2021	and assigned
lorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
INKED UP SERVICES, LIMITED I		
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC"	or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	455 N. US HIGHWAY 41	1 #2031 <u>-</u>
	RUSKIN, FL 33570	i, o
	*****	<u> </u>
Enter new mailing address, if applicable:		मान, भा
Mailing address MAY BE A POST OFFICE BOX)	455 N. US HIGHWAY 41	#2031 m 🕏
Mauing address MAT BE A POST OFFICE BOXT	RUSKIN, FL 33570	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter t</u>	he name of the new registe
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	Flo	rida
	Ciņ.	Zip Code
		
New Registered Agent's Signature, if changing Registered Agent:		

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
			□Change
	v ·		□ Add
			□Remove
		_ /	
			FIRemove
			G GChange
		<u> </u>	□Add
			□ Remove
			□Change
	/		□Add
	/		□Remove
			□ Change
			□Add
			□Remove
			☐Change

-		
		
_		
		÷ ;
-		
_		
		<u></u>
		5: 3
		
_		
i effect <u>te:</u> - If	date. If other than the date of filing:	rsuant to 605.0 I not be listed
cord : s filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90.	Oth day after t
	MARCH 08, 2024	
ed		
ed _		
ted	Signature of a prember or authorized representative of a member	

Filing Fee: \$25.00