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COVER LETTER

	Registration Sect Division of Corp			·		
enn nez		ingerprinting and notary Lle	·			
SUBJEC	.1:	Name of Lin	nited Liability Company			
		mendment and fee(s) are subdence concerning this matter	-			
		Francisco Chavez				
			Name of Person			
		First choice fingerprinting	and notary			
			Firm/Company	.		
		538 old bridge circle				
		Address				
		Davenport Florida 33897				
			City/State and Zip Code			
		firstchoicefingerprinting@g				
		E-mail address: (to be used for future annual report noti	fication)		
For furthe	er information cor	seerning this matter, please c	all:			
Francisco) Chavez		407 738-2143			
	Name of f	Person	Area Code Daytim	e Telephone Number		
Enclosed	is a check for the	following amount:				
■ \$25.0	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)		
	N		6			

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

FIRST CHOICE FINGERPRINTING AND NOTARY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/19/2021}{1}$ and assigned Florida document number 21000327641 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
MGR	FRANCISCO CHAVEZ	538 OLD BRIDGE CIRCLE DAVENPORT. FL	33897
			□Remove
		<u> </u>	□ Change
			□Add
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Note:	ive date, if other than the date of filing:
e recor rd is fi	d 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 led.
Dated	AUGUST 5 2021
Daied	
	Signature of a pember or authorized representative of a member

Filing Fee: \$25.00