## LZ1600327926

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## **COVER LETTER**

Tallahassee, FL 32314

SUBJECT: Repaire	ers of the Breach Finan	cial and Mobile Notary Services	, LLC				
	Name of Lim	ited Liability Company	<del></del>				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
		Stephen Young					
	Name of Limited Liability Company  melosed Articles of Amendment and fee(s) are submitted for filing.  Stephen Young  Name of Person  Repairers of the Breach Financial and Mobile Notary Services, LLC Firm/Company  750 SW Dalton Circle Address  Port Saint, Lucie, FI 34953  City/State and Zip Code repairerofthebreach2020@gmail.com  E-mail address: (to be used for future annual report notification)  arther information concerning this matter, please call:  Stephen Young  Name of Person  at (917) Area Code  Daytime Telephone Number  Seed is a check for the following amount:  25.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  Mailling Address:  Street Address:						
	Repairers of the Breach	<del></del>	ervices, LLC				
		Firm/Company					
		750 SW Dalton Circle					
		Address					
	Po	of the Breach Financial and Mobile Notary Services, LLC  Name of Limited Liability Company  Indiment and fee(s) are submitted for filing.  Indice concerning this matter to the following:  Stephen Young  Name of Person  Name of Person  Pairers of the Breach Financial and Mobile Notary Services, LLC  Firm/Company  750 SW Dalton Circle  Address  Port Saint, Lucie, FI 34953  City/State and Zip Code  repairerofthebreach2020@gmail.com  E-mail address: (to be used for future annual report notification)  rming this matter, please call:					
	<del></del>	City/State and Zip Code	<del></del>				
For further information c		·	,,				
Stephen Yo	ung	at (_917) 442-6400					
Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Stephen Young Name of Person  Repairers of the Breach Financial and Mobile Notary Services, LLC Firm/Company  750 SW Dalton Circle Address  Port Saint, Lucie, FI 34953 City/State and Zip Code repairerofthebreach2020@gmail.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Stephen Young Name of Person  at (917) Area Code Daytine Telephone Number  Enclosed is a check for the following amount:  \$\begin{array}{c} \text{S150.00 Filing Fee} \text{Certificate of Status} \text{Certified Copy} \text{Certificate of Status} \text{Certified Copy} \text{(additional copy is enclosed)} \text{ Mailling Address:} \text{Street Address:}							
Enclosed is a check for the	e following amount:						
□ \$25.00 Filing Fee	——————————————————————————————————————	Certified Copy	Certificate of Status & Certified Copy				
_		<del>-</del>	ions				
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Repaire					
	(Name of the Limited Liability Company (A Florida Limited Lia	y <u>as it now appears</u> ability Company)	on our records.)		
The Articles of Organization	for this Limited Liability Company w	vere filed on	luly 19, 2021	and assign	ned
Florida document number	L21000327926				
This amendment is submitted	d to amend the following:				
A. If amending name, ente	r the new name of the limited liabili	ity company he	<u>re</u> :		
Repairers of the	Breach Notary, LLC				
The new name must be distinguish	able and contain the words "Limited Liability	y Company," the de	signation "LLC" or the	e abbréviation L.L.C	2."
Enter new principal offices	address, if applicable:	<del> </del>		OREIT	rum.
(Principal office address M	<u>UST BE A STREET ADDRESS)</u>			1	C. =10
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				<u> </u>	-2124
Enter new mailing address	, if applicable:	PO Box 2	209, Bronx, NY	10456 🔐	
(Mailing address MAY BE )	A POST OFFICE BOX)		<del></del>	T 0	
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		dress on our re	cords, <u>enter the n</u>	ame of the new r	egistered
agent and/or the new regist	ered office address here:				
Name of New Regi	stered Agent:				<del></del>
New Registered Of	fice Address:				
		Enter Flori	da street address		
		PO Box 209, Bronx, NY 10456  PO Box 209, Bronx, NY 10456  Approximated address on our records, enter the name of the new series and the series address on our records, enter the name of the new series and the series address on our records, enter the name of the new series address on our records, enter the name of the new series address on our records, enter the name of the new series address on our records, enter the name of the new series address on our records, enter the name of the new series address on our records.			
		City	, , , , , , , , , , , , , , , , ,		<del></del>

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:

<del></del>		
MGR =	Manager	
	Authorized Member	

<u>Title</u>	Name	Address	Type of Action
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an effective date is I ote: If the date in	other than the date of listed, the date must be speci- nserted in this block does we date on the Departmer	fic and can not meet	the applic	cable statu	filing or mo tory filing	re than 90 c requirem	_ (optio lays after t ents, this	filing ) Pur	suant to 6 not be 1	505.020 isted as
record specifies a is filed.	delayed effective date, b	it not an o	effective t	ime, at 12:	:01 a.m. o	n the earli	er of: (b)	The 90	th day a	fter the
ated	August 10	)	2021	<u></u> .						
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	Signatur	Stephe	n <i>V. J</i>	own						

Filing Fee: \$25.00