

h21000389682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

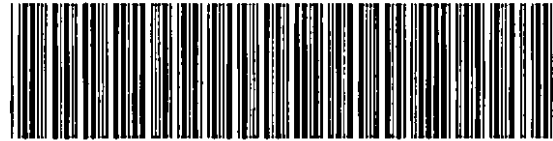
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2022 SEP 15 14:10:00

Name Change

SEP 07 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Signed N Sealed Mobile Notary LLC
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:

Demeka Batts
Name of Person

Signed N Sealed Mobile Notary LLC
Firm/Company

11827 Crooked River Rd
Address

Jacksonville, FL 32219
City/State and Zip Code

Demeka. Notary @ stamped Sealed - Notary . Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Demeka Batts at (904) 729-9560
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$50.00 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)

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**

Signed & Sealed Mobile Notary LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 JUL 15 AM 10:02

The Articles of Organization for this Limited Liability Company were filed on August 31, 2021 and assigned Florida document number L210003891682

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Stamped & Sealed Notary LLC

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)

11827 Crooked River Rd
Jacksonville, FL 32219

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11827 Crooked River Rd
Jacksonville, FL 32219

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:

Demeka Beatts

New Registered Office Address:

11827 Crooked River Rd

Enter Florida street address

Jacksonville,

City

Florida

Zip Code

FL 32219

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.

Demeka Beatts

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(If an effective 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 (3)(b)

Filing Fee: \$25.00