## L21CCC 392184

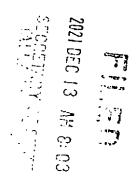
| (Requestor's Name)                      |      |
|---|------|
|   |      |
| (Address)                               |      |
|   |      |
| (Address)                               |      |
|   |      |
| (City/State/Zip/Phone #)                |      |
| PICK-UP WAIT                            | MAIL |
| FICK-OF WALL                            | WAIL |
|   |      |
| (Business Entity Name)                  | _    |
|   |      |
| (Document Number)                       |      |
|   |      |
| Certified Copies Certificates of Statu  | s    |
|   |      |
| Special Instructions to Filing Officer: |      |
| O SHAG                                  |      |
| Q. SILAS                                |      |
| , bases                                 |      |
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Office Use Only



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## **COVER LETTER**

TO:

Registration Section

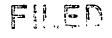
Tallahassee, FL 32314

| Div            | ision of Cor                | porations                                       |   |   |
|----------------|-----------------------------|---|---|---|
| SUBJECT:       | Written In                  | Ink LLC   |   |   |
| SUBJECT        |                             | Name of Lim                                     | ited Liability Company  |   |
| The enclosed   | I Articles of               | Amendment and fee(s) are sub                    | mitted for filing.  |   |
|                |                             | ondence concerning this matter                  | _   |   |
| Treme return   | · ···· ····                 | muchee contesting time matter                   | Will will will be a second of the second of |   |
|                |                             | Jahida Rodriguez                                |   |   |
|                |                             |   | Name of Person  | <del></del>   |
|                |                             |   | Firm/Company  |   |
|                |                             |   | rimizompany   |   |
|                |                             | 755 Monroe Rd # 470085                          |   |   |
|                |                             |   | Address   |   |
|                |                             | Lake Monroe, FL 32747                           |   |   |
|                |                             |   | City/State and Zip Code   |   |
|                |                             | krownnotary@gmail.com                           | to be used for future annual report   |   |
| e ad t         |                             |   | ·   | nonneadon)  |
| For further ii | niormation c                | oncerning this matter, please c                 | att:  |   |
| Jahida Rodri   | guex                        |   | 407 576-136   |   |
|                | Name o                      | f Person  | Area Code Da  | ytime Telephone Number  |
| Enclosed is a  | i check for th              | ne following amount:                            |   |   |
| □ \$25.00 F    | Filing Fee                  | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)   | ■ \$60,00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                | iling Addres                |   | Street Addres   |   |
|                | gistration S<br>vision of C | Section<br>Corporations                         | Registration<br>Division of   | Section<br>Corporations   |
|                | ). Box 632                  | •   |   | of Tallahassee  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 DEC 13 AM 8: 03

Written In Ink,LLC

SECRET-REAL STATE

(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 September 02, 2021                                   | and assigned   |
|---|--|--|
| Florida document number L21000392184  |  |  |
| This amendment is submitted to amend the following:   |  |  |
| A. If amending name, enter the new name of the limited liabi  | lity company here:   |  |
| Krown Notary LLC  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabili   | ity 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:   |  |  |
| a document number L21000392184  mendment is submitted to amend the following:  amending name, enter the new name of the limited liability company here:  i Notary LLC  is name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" new principal offices address, if applicable:  input office address MUST BE A STREET ADDRESS)  new mailing address, if applicable:  ing address MAY BE A POST OFFICE BOX)  amending the registered agent and/or registered office address on our records, enter the name of the new regard/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  City  Zip Code  tegistered Agent's Signature, if changing Registered Agent:  by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we |  |  |
|   |  |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:   | ddress on our records, <u>enter the</u>                            | name of the new registered                           |
| Name of New Registered Agent:   |  |  |
| New Registered Office Address:  |  |  |
|   | Enter Florida street address                                       |  |
|   | Florid   | da   |
|   | Сиу  | Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent:   |  |  |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete p<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office of<br>company has been notified in writing of this change.  | performance of my duties, and i<br>rovided for in Chapter 605, F.S | l am familiar with and<br>S. Or, if this document is |
|   |  |  |

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 |
|--------------|-------------|-------------|----------------|
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|  |                     |                  |                 |  |  |   |            |
| ective date, if other that<br>effective date is listed, the date: If the date inserted in tument's effective date on | his block does no   | t meet the app   | dicable statuto | ng or more than 9<br>ry filing require | (optional<br>0 days after filin<br>ments, this dat | l)<br>g.) Pursuant to 605.<br>e will not be liste | 020<br>d a |
| cord specifies a delayed et<br>a filed.  | fective date, but n | iot an effective | e time, at 12:0 | l a.m. on the ea                       | rlier of: (b) T                                    | "he 90th day after                                | the        |
|  |                     | 2021             |                 |  |  |   |            |
| December 6<br>ed   |                     | _·               |                 |  |  |   |            |
| December 6 ed  |                     | Ro               | drig            | entative of affien                     | , hur  |   |            |

Filing Fee: \$25.00