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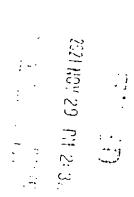
| (Requestor's Name) |
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| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) |
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| Certified Copies Certificates of Status |
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|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

| то: | Registration Section Division of Corporations | |
|---------|--|--|
| SUBJI | CT: Ballantya Notary Sorvices, U.C. Name of Limited Liability Company | |
| The en | osed Articles of Amendment and fee(s) are submitted for filing. | |
| Please | eturn all correspondence concerning this matter to the following: | |
| | Rachal Ballantyal | |
| | Ballotyne NACry Services ILC. | |
| | 954 Forest Ridge C+#200 | |
| | City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future inhard report notification) | |
| For fur | ner information concerning this matter, please call: | |
| P | Area Code Daytime Telephone Number | |
| Enclos | I is a check for the following amount: | |
| □ S2 | 00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \text{Curtified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

- !)

| Ballantyne A | dary | Service, U | C 2021 NOV 29 PH | 2: 3 |
|--|--|--|--------------------------------------|----------------------------|
| (<u>Name oPthe Limited</u> (A | Clability Compar CFlorida Limited L | iy as it now appears on o iability Company) | ur records.) | 17 17 |
| The Articles of Organization for this Limited Liab Florida document number (2)004 | oility Company 193.73 | were filed on | 3-2\and assig | , ; ^{ef} , med |
| This amendment is submitted to amend the follow | ving: | | | |
| A. If amending name, enter the new name of the new name must be distinguishable and contain the work | ruant | Legal Ser | tion "LLC" or the abbreviation "L.L. | C." |
| Enter new principal offices address, if applical | ole: | NA | | |
| (Principal office address MUST BE A STREET | <u>ADDRESS)</u> | | | · |
| | | | | |
| Enter new mailing address, if applicable: | | NA | | |
| (Mailing address MAY BE A POST OFFICE BO | <u>QX)</u> | | | |
| B. If amending the registered agent and/or reg agent and/or the new registered office address | , | ddress on our record | ls, enter the name of the new | registered |
| Name of New Registered Agent: | NA | <u> </u> | | |
| New Registered Office Address: | -N/H | Enter Florida stre | vet address | |
| | | | , Florida | |
| | | City | Zip Code | |

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 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> | Name | Address | Type of Action |
|--------------|------|-------------|----------------|
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| ote: If th | date, if other than the date of filing: 2022 (optional) reduced the date instruction of the date instr | 505.0207 isted as |
| record spairs filed. | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a | fter the |
| ated | NOV 19th 2021 | |
| | Signature of a member or authorized representative of a member | |
| | Ω | |