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CECAGISARY OF STATE
TALLAHASSEE, FL

2/2/23 V·W

COVER LETTER

TO: Registration Se Division of Cor			
Andonley N	Vortary, LLC		
SUBJECT:		* 11 * 1 * 12 * 2 * * * * * * * * * * *	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Vanessa Perez		
		Name of Person	
	VPG & Associates, Inc		
		Firm/Company	
	22716 SW 131st Place		
		Address	
	Miami, Fl 33170		
	vd.perez@icloud.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Vanessa Perez		305 794-0676	
-		at ()	ne Telephone Number
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 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)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Andonley Nortary LLC			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Andonley Notary, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	22716 SW 131st Place		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33170		
Enter new mailing address, if applicable:	22716 SW 131st Place		
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33170		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>		
Name of New Registered Agent:	· .	5.5	
New Registered Office Address:		PH D	
-	Enter Florida street address	: 52 TATE FL	
	, Florida _	Zin Codu	
	t 100	fin Codo	

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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	e, if other than the d te is listed, the date must	late of filing: _ be specific and can	not be prior to date	of filing or more than	(optional) 90 days after filing	.) Pursuant to 605.0207
fective date	ata incomud in this blo	ck does not meet	the applicable st	atutory tiling requir	ements, this date	will not be listed as
n effective da o <u>te:</u> If the da		rommont of Cinta	X RECOUNT			
n effective da o <u>te:</u> If the da	fective date on the Dep	partment of State	a records.			
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