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(Requestor's Name) (Address) (Address)	200429631552
(City/State/Zip/Phone #)	103/14 24010/6-11 FILED SECRETARY OF STATE TALL ATLASSEE. FL
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COVER LETTER

TO: Registration Section Division of Corporations

NOTARIA DAVID WALTON LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CESAR DAVID D

Name of Person

NOTARIA DAVID WALTON LLC

Firm/Company

217 MIRACLE STRIP PKWY SE SUITE 115

Address

FORT WALTON, FL 32548

City/State and Zip Code

david@notaria.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call;

CESAR DAVID DURO 850 730-0072 at (_____) Daytime Telephone Number

Enclosed is a check for the 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

NOTARIA DAVID WALTON LLC

(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 ______ and assigned ______ and assigned

Florida document number 1.22000049808

This amendment is submitted to amend the following:

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

NOTARY CESAR D.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	CESAR DAVID DURO	
New Registered Office Address:	4003 W 18 TH SUIRTE B	
<u></u>	Enter Fla	wido street address
	PANAMA CITY	. Florida ³²⁴⁰¹
	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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

. .

<u>Title</u>	Name	Address	Type of Action
AMBR	SANZ MARIA GABRIELLA	217 Milacle Suite IIS	🗆 Add
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			🗌 Change
			🗆 Add
			□Remove
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			Change
			□Add
			Remove
			🗆 Change
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			□Change

		Pa	ge 2 of 3			
D. If am	ending any other inf	ormation, enter cha	inge(s) here: <i>(Atta</i>	ch additional sheets	if necessary.)	
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E. Effec (If an et <u>Note:</u>	tive date, if other tha flective date is listed, the da 1 If the date inserted in t	n the date of filing: ate must be specific and ca	05/01/2024 annot be prior to date of et the applicable stat	filing or more than 90 d utory filing requireme	_ (optional) lays after filing.) Pursuant to (ents, this date will not be l	505.0207 (3)(b) isted as the
	nent's effective date on					
	ecord specifies a de e 90th day after the		te, but not an ef	fective time, at 1	2:01 a.m. on the ea	rlier of:
Dated	05/14/		2024		17	

• • •

05/14/	2024		11	
	8		1	
	Signature of a member of aut			
CESAR DAVID DURO		\sim		

Filing Fee: \$25.00