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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600

Fax Number

: (323)389-0502

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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13236068205

COVER LETTER

TO:	Registration Se Division of Car	ction porations				
cun u	TRANSCE	RIBE ANYWHERE, LLC				
SUBJI	:C1:	Name of Limi	ited Liability Company			
		Amendment and fee(s) are sub-				
		Cheyenne Moseley				
		•	Name of Person			
		Legalzoom.com, Inc.				
	Firm/Company					
	101 N Brand Blvd 11th F1					
	Address					
		Glendale, CA 91203				
		janet@transcribeanywhere.c				
For fur	ther information co	n-man address: (concerning this matter, please ca	o be used for future annual report notif ill:	ication (
Cheye	nne Moseley		800 773-0888			
		f Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	e following amount:				
□ \$2:	□ \$25.00 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)		
	MAILI	ING ADDRESS:	STREET/COURII	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRANSCRIBE ANYWHERE, LLC		
(Name of the Limited (A	Liability Company as it now appears on (Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number 1.22000088841	oility Company were filed on 01/21/20	and assigned
This amendment is submitted to amend the follow	ring;	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:		records, enter the name of the ne
New Registered Office Address:		سع م رین
	Enter Florida sti	cet address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Reg	distered Agent:	7.0
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this change in the change in th	and complete performance of my d red agent as provided for in Chapt gistered office address, I hereby co.	luties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Τo

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

13236068205

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Kevin M. Stewart	10425 Pilothouse Ct., Placida, FL 33946	
			= Add
			Remove
			Change
			O Add
			☐ Remove
			Change
		 	□ Remove
			Change
	 		□ Add
			□ Remove
			Change
			D Add
			☐ Remove
			☐ Change
			D Add
			☐ Remove
			Change

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Janet Shaughnessy

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00