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SECRETANY OF STATE
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A. BUTLER MAY 16 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JUST Sign Jr Notary LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tamala Sanders Name of Person	
Just Gign It Notary, LLC	
1598 E University Blvd Apr F	
Melbourne FL 32901	
Melbourne FL 32921  City/State and Zip Code  Tamala Sanders 08 & yahoo com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tamala Sanders at (321) 216-7003  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\tag{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\tag{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\tag{Certified Copy (additional copy is enclosed)}\$	
Mailing Address: Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

FILED

Just Sign Tr Notari	, 1LC	2022 MAR 25 PM 4: 41
Sust Sign It Notare  (Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on d Liability Company)	TALLAHASSEE ET
The Articles of Organization for this Limited Liability Compan Florida document number <u>L マス 0つの qg4 o 2</u> .	iy were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia  CEO of Home Finances LLC  The new name must be distinguishable and contain the words "Limited Liab	_	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our recor	ds, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	and the control of th
	rater Plovida st	
	City	, Florida 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 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
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(If an e <u>Note</u>	ctive date, if other than the date of filing:
If the record is	ord 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 filed.
Date	Id 16 March 2020.  I amala Sancles =  Signature of a member or authorized representative of a member
	Tamala Sancters
	Signature of a member or authorized representative of a member

Typed or printed name of signee