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2022 AUG 23 PM 2: 45

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Notarize III LLC (name change)  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:  Soraya D. Jourgblood  Name of Person  Firm/Company  1010 G. Hawthome Ave  Address  Address  City/State and Zip Code  Soraya e Jourgblood C grow com  Estimated address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Area Code  Doytime Telephone Number
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Subject: Notarize II LLC (name change)  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:    Garaya D. Vourablood
Firm/Company
Soraya of anapplood C. gmw.com (1/8/22)
Enclosed is a check for the following amount:
□ \$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)
Registration Section  Division of Corporations  P.O. Box 6327  Registration Section  Division of Corporations  The Centre of Tallahassee
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF ORGANIZATION

OF 2022 AUG 23 PM 2: 45 jability Company as it now appears on our record forida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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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