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Amy Rodriguez Cruz

13344 Smithwick Lane | Jacksonville, FL 32226| 904-553-9914| fetchsigningservices@outlook.com

January 1, 2023

Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

Dear Florida Department of State:

I am sending my amend Articles of Organization of a Florida Limited Company to change the name of my limited liability company.

Sincerely,

Amy Rodriguez Cruz

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amy Rodriguez Cruz Name of Person
Cruz Notary Services, LLC Firm/Company
13344 Smithwick Ln Address
Tacksonville, FL 32224 City/State and Zip Code Fetch Signingservices P. Outlook. COM E-mail address: (to be used for filture annual report notification)
For further information concerning this matter, please call:
AmyRadiaucz Cruz at 904 553 – 9914 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$30.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

IU ARTICLES OF ORGANIZATION **OF**

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Name of the Limited Liability Compar (A Florida Limited L	Services, LLC ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200012100</u> .2	were filed on March 10, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Fearn Signing	Services, LLC
The new name must be distinguishable and contain the words Limited Liabli	ty Company," the designation "LLC" or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
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			Remove
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an effect	date, if other than the date of filing:
ote: 11 Ocumen	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
record s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
ated	
	Signature of a member or authorized representative of a member