

L22 000 235838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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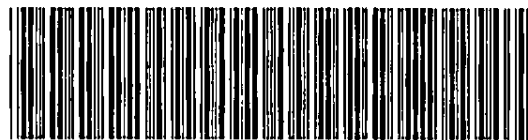
(Business Entity Name)

(Document Number)

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06/10/22--01006--013 **25.00

FILED
2022 JUN 10 AM 7:17
CLERK OF STATE
TALLAHASSEE, FL

A. BUTLER
AUG 26 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Get Stamped Notaries 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:

Kala Bundy
Name of Person

Get Stamped Notaries LLC
Firm/Company

3119 Blaine Circle
Address

Deltona FL 32738
City/State and Zip Code

KL_bndy@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kala Bundy at 407, 535 7332
Name of Person Area Code 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

Street Address:

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**

Get Stamped Notaries FLEO

(Name of the Limited Liability Company as it now appears on our records) **2022 JUN 10 AM 7:17**
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/20/2022 and assigned Florida document number L22000235838

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" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated June 4th 2022

Kala Bundy
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kala Bundy

Typed or printed name of signee



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
GET STAMPED NOTARIES LLC

Filing Information

Document Number L22000235838
✓ FEI/EIN Number NONE
Date Filed 05/20/2022
State FL
Status ACTIVE

Principal Address

3119 BLAINE CIR
DELTONA, FL 32738

Mailing Address

3119 BLAINE CIR
DELTONA, FL 32738

Registered Agent Name & Address

BUNDY, KALA L
3119 BLAINE CIR
DELTONA, FL 32738

Authorized Person(s) Detail

NONE

Add Kala Bundy

Annual Reports

No Annual Reports Filed

Document Images

05/20/2022 -- Florida Limited Liability

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