

L2200033298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

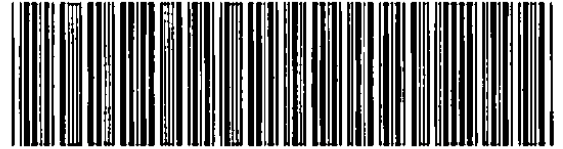
(Document Number)

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FILED
FALLS CHURCH, VA
CLERK OF COURT

TO: Registration Section
Division of Corporations

SUBJECT: Universal 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:

Silvia Nava
Name of Person

Universal Notary LLC
Firm/Company

9438 N Silver Lake Rd
Address

Fountain, FL 32438
City/State and Zip Code

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

For further information concerning this matter, please call:

Silvia Nava at (509) 834. 0408
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

TO
ARTICLES OF ORGANIZATION
OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/27/22 and assigned
Florida document number L22000332986

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."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS)

9438 N Silver Lake
Fountain, FL 32433

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: _____

Silvia Nava

New Registered Office Address: _____

9438 N Silver Lake Rd

Enter Florida street address

Fountain

City

Florida

32433

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.

Silvia Nava

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	Silvia Nava	9438 N Silver Lake Rd	<input checked="" type="checkbox"/> Add
		9438 Fountain, FL 32438	<input type="checkbox"/> Rem
		9438 N Silver Lake Rd	<input type="checkbox"/> Char
AMBR	Silvia Nava	Fountain, FL 32438	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chang
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Chang
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			<input type="checkbox"/> Remov
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please have Principal address as -
9438 N Silver Lake Rd
Fountain, FL 32438
Principal and mailing address are one
and the same.

Registered Agent and Authorized
person is - Silvia Nava
9438 N Silver Lake Rd
Fountain, FL 32438

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.1

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 record is filed.

Dated 11/15 2022

Silvia Nava

Signature of a member or authorized representative of a member

Silvia Nava

Typed or printed name of signee