L22000385417

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, ,
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January 10, 2024

ZULEIKA GONZALEZ 297 E 3 ST #201 HIALEAH, FL 33010

SUBJECT: THE NOTARY CONCIERGE, LLC

Ref. Number: L22000385417

We have received your document for THE NOTARY CONCIERGE, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 724A00000537

COVER LETTER

TO: Registration Section of Corporation of Corporation of Corporation of Corporation (Corporation)			
SUBJECT: The	Natory C	on Cilly of C. LLC ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
	Zuleika G	onZall# Name of Person	
	The Notary (Pirm Company	
	297 E. 30	d St. Apt. #2	01
	Hialeah, f	L 33010 City/State and Zip Code	
	The Notary Conc	ierges and in Comail. Co be used for future annual report notifi	ication)
For further information con	cerning this matter, please ca	II:	
Zuly Gonza	lle4 erson	at (<u>365</u>) 790 Area Code Daytime	1-7939 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Se	ction	Street Address: Registration Sec	tion
Division of Cor P.O. Box 6327		Division of Corp The Centre of Ta	porations
1.O. DOX 0347		rne Centre Of Ta	ananassee

2415 N. Monroe Street. Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT 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 Co Florida document number $\underline{L220003854}$	ompany were filed on 09 01 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	297 € 3 St. Apt # 201
(Principal office address MUST BE A STREET ADDR	11. 1 . — 10.10
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	297 E. 3 St. Apt. # 201 Hialeah, FL 33010
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	<u></u>
New Registered Office Address: 20	17 E. 3 St. Apt. #201 Enter Florida street address
Hia	Aleah Slorida 33010 Sign Code

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

The Notar.

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			☐ Change
			□Add
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			Change
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Filing Fee: \$25.00