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AGENTARIOS DE NOTES.

COVER LETTER

TO: Registration Se Division of Cor				•
Mary Lewi	s Mobile Notary Service LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Mary M Lewis			
		Name of Person		
	Mary Lewis Mobile Notar	y Service LLC		
		Firm/Company		
	3906 Allamanda Ct			
		Address		₽
	Clermont FL 34711			22 SEP 23 AM 9: 17
		City/State and Zip Code		ည်ဳ
	mysigning59@gmail.com			
	E-mail address: (to be used for future annual report no	tification)	AM 9
For further information c	oncerning this matter, please c	all:		9: 17
Mary M Lewis		732 267-3454 at ()		
Name o	f Person	Area Code Daytii	me Telephone Number	-
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of \$1 Certified Copy tadditional copy is	tatus &
Mailing Addres Registration 5		Street Address: Registration S	ection	
Division of C	Corporations	Division of Co	orporations	
P.O. Box 632		The Centre of		
Tallahassee, l	C レ タムタ 1.4	Z4TO IN. MODE	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mary Lewis Mobile Notary Service LLC (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 $\frac{9/7/2022}{}$ and assigned Florida document number _____L22000390941 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 "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: Mary M Lewis Name of New Registered Agent: 3906 Allamanda Ct New Registered Office Address: Enter Florida street address Clermont

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, <u>Signature of New Registered Agent</u>

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
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record specifies is filed.	a delayed effective (date, but not	an effective t	ime, at 12:01	a.m. on the eq	rlier of: (b)	The 90th day	after the
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Filing Fee: \$25.00