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(Danisated Name)					
(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

	tration Se ion of Cor	ection porations					
	Dom's Nota	ary & Professional Services					
SUBJECT:							
The enclosed /	Articles of	Amendment and fee(s) are sub	emitted for filing.				
Please return a	ll correspo	indence concerning this matter	to the following:				
		Dominique McCloud					
		· · ·	Name of Person				
Dom's Notary & Professional Services							
Firm/Company							
		915 W 11th St.					
Address							
		Sanford, FL 32771					
			City/State and Zip Code				
		Domsnotaryservices@gmai					
			to be used for future annual report not	ification)			
For further info	ormation c	oncerning this matter, please c	all:				
Dominique McCloud			407 416-5157 at ()				
Name of Person		Area Code Daytin	ne Telephone Number				
Enclosed is a c	heck for th	ne following amount:					
■ \$25.00 Fil	ing Fce	☐ \$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)			
	ng Addres		Street Address:				
Registration Section Division of Corporations			Registration Se Division of Con				
P.O. Box 6327		The Centre of 3	-				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dom's Notary & Professional Services	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number L23000039658	Company were filed on $\frac{01/23/2023}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
N/A	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
Principal office address MUST BE A STREET ADDR	RESS)
Enter your mailing address if applicables	N/A
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered	d office address on our records, enter the name of the new registe
igent and/or the new registered office address here:	
	-
Name of New Registered Agent: N/A	
New Registered Office Address:	•
THE TANGESTON OF THE TANGEST.	Enter Florida street address
	. Florida

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.

City

Zip Code

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
MGR	Dominique McCloud	915 W 11th St. Sanford, FL 32771	
			Remove
		 	Change
			□Add
			□Remove
			□Add
			□Remove
			□Add □
			Remove
			□Change 「
			□Add
			□Remove
			□Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ (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) 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 the record is filed. December 20th 2023 Dated Signature of a member or authorized representative of a member Dominique A. McCloud Typed or printed name of signee