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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FLM 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:
Felicia Motton
Firm/Company
13051 Gran Bay Parkumy Unit 2208
Sackson ville, FL, 30258 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (904) 739 - 3446 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

- FLM NOTAR	Y LLC
(<u>Name of the Limited Liabilit</u> (A Florida	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number $_L23000156957$	mpany were filed on $\frac{Q3}{343023}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Lim	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: 12	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13720 Old St. Augustine Rd Suite 8-284 Jack sonville, FL 32058
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:	
New Registered Office Address:	MAU Old St. Augustine Rd Svite 8-284 Enter Florida Street address
	chonville Florida 30058 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 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
			□Remove
			Change
<u> </u>			
.:			□Remove
		Change	
			□Remove
			Change
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		Remove	
			□ Change
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			Remove
			☐ Change
			□ Change

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IVOT	ctive date, if other than the date of filing:
If the rec record is	ord 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 filed.
Date	d <u>(BB/28/2024</u>
	Signature of a member or authorized representative of a member
	Felicy L. Milton
	TETICIA L. 11111100