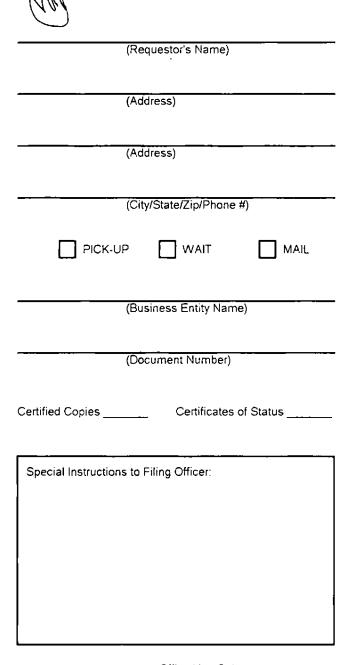


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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AGP NOTARY SIGNINE AGENT, LUC 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:
ADRIANA 6. PIAZZESE Name of Person
AGP NOTARY SIGNING AGENT, LLC Firm/Company
9676 TAVERNIEL DR Address
BOCA RATON, FL 33 496 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 (56) Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & S60.00 Filing Fee, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGP NOTARY S (Same of the Limited)	SION ING Liability Compa A Florida Limited L	AGENT LO ny as it now appears on o liability Company)	ur records.)		
The Articles of Organization for this Limited Lia Florida document number <u>しる30019</u> 36		were filed on <u>APRI</u>	19, 2023	and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the AGP NOTARY SOLUTION The new name must be distinguishable and contain the work.			tion "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applical	ble:	9676 TAVE	ERNIER	DR	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0.X)</u>		· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered office address		address on our record	ls, enter the nam	e of the new registere	<u>d</u>
Name of New Registered Agent:	NIA				
New Registered Office Address:	NIA	Enter Florida str	vet address		
		City	, Florida	NIA Zip Code	
New Registered Agent's Signature, if changing Real hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been notified in wri	agent and agree and complete ered agent as pegistered office	performance of my d provided for in Chapt	luties, and I am f er 605, F.S. Or,	amiliar with and if this document is	,
			Ula		

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MA	NIA	N	DAdd
			Remove
			□ Change
			□Add
			□Remove
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			□Add
			□Remove
			□Change

ective date, if other than the date of filing:				·		
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