L23000985103

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 21, 2023

JADE ESTRELA 505 TIMBER LANE TARPON SPRINGS, FL 34689

SUBJECT: SUNCOAST MOBILE NOTARY LLC

Ref. Number: L23000385103

We have received your document for SUNCOAST MOBILE NOTARY LLC and your check(s) totaling \$35.00. 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: 523A00021839

ULI 0 + 2023

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Suncoast Mobile Notary LC 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:
Jade Estrela Name of Person
Suncoast Mobile Notary LC
505 Timber Lane
Torpon Springs, Fl 34489 City/State and Rip Gode
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tade Estrela at (727) 440-7159 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee S4 Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, - 5 S60.00

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

<u> Juncoast</u>	TY JODILE	Nota	NN U	<u>'</u>
(Name of the Limited Li (A Fi	ability Company as it no orida Limited Liability Co	w appears on ompany)	our records.)	
The Articles of Organization for this Limited Liabili Florida document number <u>L2300038</u>	ty Company were file 551,03	d on	16 23	and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability com	pany here:		
The new name must be distinguishable and contain the words	"Limited Liability Compa	ny," the design	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	:			
(Principal office address MUST BE A STREET AL	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>			- 2
			· · · -	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		on our recor	ds, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida s	treet address	
			, Florida	
-	Сиу		, 1100104	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:			

ten registered regent s organitate, it changing registered regent.

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, 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>	Address	Type of Action
MGR	Jade Estrela	505 Timber Lane	:X Add
		Tarpon Springs, FL	□Remove
		34689	
MOR	Fabiano Estrela	505 Timber Land	
		Tarpon Springp, FL	Remove
		34689	
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			Chánge
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
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L' CC a co	ive date if other than the date of filing: $0.79.23$ (optional)	Ξ.
lf an ef! <u>Note:</u>	ive date, if other than the date of filing:	
e recor rd is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft led.	er the
Dated	September 29. 2023	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00