



Office Use Only



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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		
CJR Mobile	e Notary Services, LLC		
SUBJECT:	Name of Lin	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:	
	Carol J. Ringwald		
		Name of Person	
	CJR Mobile Notary Service	es. LLC	
		Firm/Company	
	57 Wanda Ave S		
		Address	
	Lehigh Acres, FL 33976		
		City/State and Zip Code	
	cjrttla@gmail.com		
		to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	
Carol J. Ringwald		727 379-4150 at ()	
Name of Person		at ()	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$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)
Mailing Address Registration 5		<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CJR Mobile Notary Services, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records, uted Liability Company)	,)
The Articles of Organization for this Limited Liability Complexity document number $\frac{1.23000482271}{1.23000482271}$.	pany were filed on 10/20/2023	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	····	
<u>Principal office address MUST BE A STREET ADDRES.</u>	<u>s)</u>	
		024
nter new mailing address, if applicable:		20
Mailing address MAY BE A POST OFFICE BOX)		<u>ာင္</u> 🕦 🚺
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	fice address on our records, <u>enter t</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	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
MGR	Carol J. Ringwald	57 Wanda Ave S.	≡ Add
		Lehigh Acres, FL 33976	□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Note: If the date	if other than the date of filing:
the record specifies cord is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated February	2024
	signature of a member or authorized representative of a member
Carol	J. Ringwald
	Typed or printed name of signee

Filing Fee: \$25.00