# L23000512974

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### **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT: Flori	da Remote C Name of Lim	Online Notary (	Association
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yahaira F	20drique2 Name of Person	
	Florida Ren	note Online Not	ary Association
	13725. Na	COOSSEE Pd #	-124
	Saint Clau	City/State and Zip Code  Cassociation. O  to be used for finare annual report notif	
	E-mil address: (	nassociation. O	fication;
For further information c	oncerning this matter, please ca	all:	
Yahaira Ro	driquez f Person	at PSY ) 804 · 8 Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration		Street Address: Registration Sec	ction
Division of C		Division of Corporations	
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	∠415 N. Monro	e Street, Suite 810

Tallahassee. FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Florida Remote Online Motory Association I.C.

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	2004-4UG 30 PM 12: 21
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L2300512974</u> .	vere filed on <u>1113</u>	12023 OF STATEFORD
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		
Remote Online Notary As The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered office adapta and/or the new registered office address here:	ldress on our records, <u>c</u>	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre-		

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 Type of Action Address **Title** <u>Name</u> \_\_\_\_\_ 🗀 Add \_\_\_\_\_ □Remove \_\_\_\_\_\_ □ Change \_\_\_\_\_ Remove

-	
<u> </u>	
factive data if oth	er than the date of filing: (optional)
n effective date is listed te: If the date inser	I, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0203 ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ate on the Department of State's records.
ecord specifies a del is filed.	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted July	31 .2024.
<del></del>	Mahaira Radrai  Signature of a member or authorized dores thative of a member
<del></del>	Signature of a member or authorized representative of a member
	Yahaira Rodriquez Typed or printed name arkignee
	Jahara Koariquez

Filing Fee: \$25.00



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 4, 2024

YAHAIRA RODRIGUEZ 1372 S. NARCOOSSEE ROAD #124 SAINT CLOUD, FL 34771

SUBJECT: FLORIDA REMOTE ONLINE NOTARY ASSOCIATION, LLC.

Ref. Number: L23000512974

We have received your document for FLORIDA REMOTE ONLINE NOTARY ASSOCIATION, LLC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 624A00012072

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