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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
	RY SERVICES & MORE, LL	С	
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JENNY SIERRA		
		Name of Person	
		Firm/Company	
	15315 LINCOLN DR		
		Address	
	HOMESTEAD, FL 33033		·· ··
	notarypublic.jennysierra@g		_
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notification)	
JENNY SIERRA	Ç .	305 778-6269	
Name o	f Person	at () Area Code Daytime Telephone Nun	nber
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Section	
Division of C		Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



August 1, 2025

JENNY SIERRA 15315 LINCOLN DRIVE HOMESTEAD, FL 33033

SUBJECT: JSM NOTARY SERVICES & MORE, LLC

Ref. Number: L24000051215

We have received your document for JSM NOTARY SERVICES & MORE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Letter Number: 025A00017077

Claretha Golden Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2025 *** 19 F** 2:5

JSM NOTARY SERVICES & MORE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	prany were filed on January 29, 2024	and assigned
	apany were fried on	and acoignou
Florida document number <u>L24000051215</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
ISM INSURANCE AGENCY LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•		
B. If amending the registered agent and/or registered o	ffice address on our records, <u>enter the n</u>	ame of the new regist
agent and/or the new registered office address here:		
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 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
			□AbA□
			□ Remove
			☐ Change
			□Remove
			Change
			🗀 Add
			Remove
			□Change
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			□Remove
			□Change
			□Add
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			□Change
			DAdd
			Remove
			(□Chunus

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Note	ctive date, if other than the date of filing:
he rec ord 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 June 4
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00