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(Re	equestor's Name)	·
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	cument Number)	
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13. HUMT C 5/15/11/

COVER LETTER

Division of Co	orporations		
Notary Mu	oltiservice LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Yainelys Gonzalez		
		Name of Person	
		Firm/Company	
	520 SE 5th AVE, APT 130	1	
		Address	
	Fort Lauderdale, FL 33301		
		City/State and Zip Code	
	yainelysg99@gmail.com		
	E-mail address: (to be used for future annual report notific	ation)
For further information	concerning this matter, please c	all:	
Yainelys Gonzalez		786 953-2685	
		at () Area Code Daytime 1	
Name	of Person	Area Code Daytime T	elephone Number 1 5
Enclosed is a check for	the 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Secti	on

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

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

Notary Multiservice LLC (Name of the Limited Liability Com	pany as it now appears on our records.)	
(A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on February 15, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Notary Multiservices LLC		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	520 SE 5th AVE, APT 1304 Fort Lauderdale, FL 33301	·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the r	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida , Florida	LZip 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
	*****		□ Add
			□Remove
			7.7 123
			□Remove
			□Change
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			Change

			
			
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	7-19411		
	05/15/2024		
Effective date, if other than the	e date of filing:	(optional)) December 202 0307
Note: If the date inserted in this i	block does not meet the applicable stat	utory filing requirements, this date	will not be listed as t
document's effective date on the	Department of State's records.		
record specifies a delayed effect d is filed.	ve date, but not an effective time, at 13	2:01 a.m. on the earlier of: (b) Th	e 90th day after the
May 15 Dated	2024		
	· · · · · · · · · · · · · · · · · · ·		
	Hall.		
	Signature of a member or authorized rep	resentative of a member	