## L24000134700

(Re	equestor's Name)	
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(Ad	ldress)	<del> </del>
(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

то:	Registration So Division of Cor			
CHD IEA		otary Services, LLC		
SUBJECT: Name of Lim			ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Juan P. Camacho, Esq.		
			Name of Person	
		The Orlando Law Group		
			Firm/Company	
		12200 W. Coloniał Drive	s, Suite 100	
		<del></del>	Address	
		Winter Garden, FL 3478	7-4126	
			City/State and Zip Code	
		jcamacho@theorlandolav	<del>-</del> '	
			to be used for future annual report notif	ication)
For furth	er information of	concerning this matter, please ca	all:	
Juan P.	Camacho		407 512-4394 at ( )	
	Name o	of Person		Telephone Number
Enclosed	f is a check for t	he following amount:		
<b>■ \$2</b> 5.	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 Addre		<u>Street Address:</u> Registration Sec	ction
	Division of C	Corporations	Division of Corp	porations
	P.O. Box 632 Tallahassee,		The Centre of Ta 2415 N. Monroe	allahassee : Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Goode Notary Services, LLC			
(Name of the Limit	ed Liability Company as it not (A Florida Limited Liability Co	w appears on our records,) mpany)	
The Articles of Organization for this Limited L Florida document number <u>L24000134700</u>	iability Company were filed	d on <u>March 19, 2024</u>	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability com	pany here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Compar	y," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		2021
(Principal office address MUST BE A STREE			8 -
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office address		n our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	··	o Suito 100	
New Registered Office Address:	12200 W. Colonial Driv	Enter Florida street address	
	Winter Garden	, Florida	34787-4126 Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing I I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree to act er and complete performe stered agent as provided registered office address,	ance of my duties, and I an for in Chapter 605, F.S. O	n familiar with and r, if this document is

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>	Name	Address	Type of Action
MGR	Danita Goode	2841 Wild Pepper Avenue, Deltona, FL 32725	• Add
			□Remove
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
the record 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 cord is filed.
Dated 9/30 . 2024.
Signature of a member or authorized representative of a member
Danita Goode
Typed or printed name of signee

Filing Fee: \$25.00