L24000233465

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COVER LETTER

Tallahassee, FL 32314

	gistration Se ision of Co			:
SUBJECT:	NOTARY	IRENE FAITH & LEGALITY	LLC	
SOBJECT.		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Irene Urribarri		
			Name of Person	
		3100 Sweetbay Ave, Apt	Firm/Company	
			Address	
		Panama City, Florida 3240	05	
		irene@notary-faith.com	City/State and Zip Code	
For further in	formation c	oncerning this matter, please c	•	omication)
Irene Urribar	ri		850 6405709	
	Name of	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 Fi	iling 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)
Reg Div		ection orporations	Street Address: Registration S Division of Co	orporations
P.O.	. Box 632°	/	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

23 Fill 39

NOTARY IRENE FAITH & LEGALITY 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 Company	ware filed on 05/20/2024		
Florida document number L24000233465	were filed on objective and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5 MIRACLE STRIP LOOP UNIT #10		
(Principal office address MUST BE A STREET ADDRESS)	PANAMA CITY BEACH, FLORIDA 32407		
Enter new mailing address, if applicable:	5 MIRACLE STRIP LOOP UNIT #10		
(Mailing address MAY BE A POST OFFICE BOX)	PANAMA CITY BEACH, FLORIDA 32407		
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registere		
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address			
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code		

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
			□Add
			□Remove
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Effective date, if other than the lf an effective date is listed, the date many Note: If the date inserted in this bedocument's effective date on the least on th	ist be specific and block does not m	cannot be prior to eet the applicab	date of filing or more le statutory filing re	(option than 90 days after file equirements, this d	ing.) Pursuant to 605 020
e record specifies a delayed effecti rd is filed.	ve date, but not	an effective time	e, at 12:01 a.m. on	he earlier of: (b)	The 90th day after the
AUGUST 21		2024			
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Typed or printed name of signee