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(Address)
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(City/State/Zip/Phone #)
(Address)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Con				
CUDIC	BLL Notar	y services LLC			
SUBJE	Name of Limited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		Barbara Luis Lopez			
			Name of Person		
		_	Firm/Company		
		79858 Carriage Pointe Dr		2021 SE	
			Address	2024 AUG -7 SECRETAR TATE TAR	
		Gibsonton ,FL 33534			
		luislopezbarbarita@gmail.c	City/State and Zip Code com	fication)	
For first	her information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti	fication)	
	Luis Lopez	oncerning this matter, prease e	813 462-8313		
Name of Person			at ()	e Telephone Number	
Enclose	d is a check for tl	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 Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLL Notary Services LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed o	n <u>07/22/2024</u> and assigned
lorida document number L24000323890	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability compar	<u>ıy here</u> :
he new name must be distinguishable and contain the words "Limited Liability Company."	•
nter new principal offices address, if applicable:	2021 AU3 3E CRE
Principal office address MUST BE A STREET ADDRESS)	
	第 呈 望
nter new mailing address, if applicable:	70 2
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	·
s. If amending the registered agent and/or registered office address on ogent and/or the new registered office address here:	our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address: Ente	r Florida street address
Cin	, Florida

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
MGR	Barbara Luis Lopez	7958 Carriage Pointe Dr	□Add
		Gibsonton, Fl 33534	□ Remove
			■ Change
			Remove
			Change SECRETT Add Add
			Remove ! ?> □Ehange
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record specifies a delayed	effective data but not	on affactive tim	o at 12:01 a m	on the earlier of (I	a). The OOth day off	- 1ha
l is filed.	chective date, but not	an enecuve um	ic, at 12.01 a.iii.	on the earner of. (t) The 90th day and	or three
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