## L240033712Z

(Requestor's Name)
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## **COVER LETTER**

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Registration Section Division of Corporations

TO:

MHS NOT	ARY & MULTISERVICES L	LC			
SOURCE!	Name of Lin	nited Liability Company			
The analoged Articles of	Amandaran and forth and make	and the state of t			
The enclosed Afficies of	Amendment and rec(s) are sur	omitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Maricarmen Hidalgo				
	Name of Person    Maricompon Luck   Company				
	•	Fimi/Company			
	2952 Harrison Avenue, Ur	nit B			
		Address	<del></del> _		
	Panama City, Florida 3240	submitted for filing.  tter to the following:  Name of Person  Name of Person  Address  Eirh/Company  Unit B  Address  2405  City/State and Zip Code  (il.com)  ss: (to be used for future annual report notification)  se call:  at (			
		City/State and Zip Code			
	mm.immigracion@gmail.co	om			
	E-mail address; (	to be used for future annual report not	ification)		
For further information co	oncerning this matter, please c	all:			
Maricarmen Hidalgo		at (			
Name of	Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	e following amount:				
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Registration S Division of Co	ection orporations	Registration Se Division of Cor	porations		

Tallahassee, FL 32303

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

ARTICLES OF (	ORGANIZATION 25		
C	OF State of the Control of the Contr		
MHS NOTARY & MULTISERVICES LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ORGANIZATION OF  any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000337122</u>			
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 agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		

## 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.

City

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>	<u>Address</u>	Type of Action
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record specifies a delayed effective is filed.	e date, but not an effect	ive time, at 12:01	a.m. on the earlier	of: (b) The 90th o	ay after the
AUGUST 21	. 2024	·			
<u> </u>	Mucanmon Signature of a merilber or	Lidelike authorized represer	otative of a member		
Maricarmen Hidalgo					