120000040348

(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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COVER LETTER

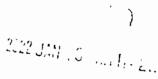
	Registration Se Division of Cor				
eum irz		WEST COAST NOTARIES, LLC			
SUBJEC	.1:	Name of Limi	ted Liability Company		
The ench	osed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		Jill Marie Munoz	Name of Person		
			Name of Person		
	WEST COAST NOTARIES, LLC				
	Firm/Company				
	4122 MADISON ST				
	Address				
		ELFERS, FL 34680			
			City/State and Zip Code		
		info@gopronotaries.com	to be used for future annual report not	Control	
For furth	er information c	concerning this matter, please ex		псиону	
Jill Marie	e Munoz		727 710-5455		
	Name c	of Person	at () Area Code Daytim	ne Telephone Number	
Enclosed	is a check for t	he following amount:			
			☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)	
	Mailing Addre Registration Division of C	Section	<u>Street Address:</u> Registration Se Division of Co		
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroc Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	OF	- Only . O 1	
WEST COAST NOTARIES, LLC (Name of the Limited Liability	Company as it now appears on our records.)	LLINE ZE, FI	
(A Florida l	imited Erability Company)		
The Articles of Organization for this Limited Liability Co Florida document number L20000040348	mpany were tiled on 2-3-2020	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
N/A			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			
	~	6.1	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u> i	name of the new registered	
Name of New Registered Agent: N/A			
Nambaina de Carabitana			
New Registered Office Address:	Enter Florida street address		
	Florids	a	

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>	Name	Address	Type of Action
MGR	Michael Munoz	9802 Riverchase Dr Trinity, FL 34655	= Add
			Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

		
Note: If the date inserted in thi	must be specific and cannot be prior to date	(optional) of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 tatutory filing requirements, this date will not be listed as the
If the record specifies a delayed efferecord is filed.	ctive date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2022	
- Julya	Muna -	
- Chris	Signature of a member or authorized r	representative of a member
Jill Marie Munoz		

Typed or printed name of signee