

L190000 29053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300332485163

07/30/19--01018--001 **25.00

Substantive
TALLAHASSEE, FL

2019 JUL 30 PM 4:26

FILED

AUG 05 2019

C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOTARY PAY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRISTOFER KILLINGER

Name of Person

SIGNINGORDER.COM LLC

Firm/Company

3433 LITHIA PINECREST RD, STE 354

Address

VALRICO, FL 33596

City/State and Zip Code

KC@SIGNINGORDER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTOFER KILLINGER

813

444-1404

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

Notary Pay, 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 were filed on 01/28/2019 and assigned
Florida document number L19000029053.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NotaryPay, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

CAROL WEST

New Registered Office Address:

410-10 BLANDING BLVD, STE 105

Enter Florida street address

ORANGE PARK

City

Florida 32073

Zip Code

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 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 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>	<u>Type of Action</u>
AR	KILLINGER, KRISTOPHER C		☐ Add
		3433 Lithia Pinecrest Rd. Ste 354 Valrico, FL 33596	☒ Remove
			☐ Change
MGR	KILLINGER, KRISTOFER C	3433 Lithia Pinecrest Rd. Ste 354 Valrico, FL 33596	☒ Add
			☐ Remove
			☐ Change
AMBR	CAROL WEST	410-10 BLANDING BLVD, STE 105, ORANGE PARK, FL 32073	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

