L21000388899

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COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations				
OLID IDAT	Abra Key I	Dabra L.L.C				
SUBJECT:		Name of Lim	nited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
			Name of Person			
		ZenBusiness INC				
		Zenbusiness tive,	12 (2)			
			Firm/Company			
		336 E. College Ave Suite	301			
		,	Address	-		
		Tallahassee, FL 32301				
			City/State and Zip Code			
		fulfillment@zenbusiness.cc				
		E-mail address: (to be used for future annual report no	otification)		
For further in	iformation c	oncerning this matter, please c	all:			
c/o ZenBusi	ness INC		844 493-6249 at ()			
	Name o	f Person	Area Code Dayti	ime Telephone Number		
Enclosed is a	check for th	ne following amount:				
€ \$25,00 F	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)		
	iling Addres		Street Address:	Section		
•	-	orporations	_	Registration Section Division of Corporations		
). Box 632		The Centre of			
tat	lahassee, I	*L 32314	2410 N. Mont	roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Abra Key Dabra LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	(;
The Articles of Organization for this Limited Liability Company Florida document number 1.21000388899	were filed on 8/31/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
Abra Key Dabra Locksmith Services LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		2023
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ma = U
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter t</u>	he name of the new registered
New Registered Office Address.	Enter Florida street address	
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and aging provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	I I am familiar with and S. Or, if this document is
If Cha	nging 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>	Address	Type of Action
AMBR	JOSE A CUEVAS	12557 NEW BRITTANY BLVD #3	□Add
		FORT MYERS, FL 33907	■Remove
			□ Change
			□Add
			□Remove
			□Change
	 		□Add
			□Remove
			□Change
		-	□Add
			□Remove
			□Change
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			□Change
			□Add
			□Remove

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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blockdocument's effective date on the Department.	ock does not meet the applic	cable statutory filing re	(optional) than 90 days after filing quirements, this date	.) Pursuant to 605.0207 (will not be listed as t
e record specifies a delayed effective d is filed.	date, but not an effective t	ime, at 12:01 a.m. on th	he earlier of: (b) Ti	ne 90th day after the
Dated	2023	<u> </u>		
Jaicu	Oshri Biton	·		
/s/ (·	orized representative of a	member	