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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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S. PRATHER

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations	•	
ATTIN LEGT	FRIENDLY	HANDYMAN L.L.C.	
SUBJECT:	Name of Lim	ited 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:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249	STE 220	
	Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM		
	HOUSTON, TX 77064		
	ETTE PLANT (CINICIPAL ET CO.)	•	
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	·	• •
LOVETTE DOBSON		1 888-462-34	
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C	orporations	Division of Co	
P.O. Box 632	7	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRIENDLY H	ANDYMAN L.L.C.	当
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our red d Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on $\frac{06/23/2021}{}$	and assigned
Florida document number <u>L21000291101</u>		TAILE ORNU
This amendment is submitted to amend the following:		₽
A. If amending name, enter the new name of the limited li	ability company here:	
LETS GO LOCKSMITH LLC		
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>en</u>	iter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
	City	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 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 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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
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ffective date, if other than the can effective date is listed, the date must lote: If the date inserted in this blooms.	be specific and cannot be prior to date of fili ck does not meet the applicable statuto	(optional) ing or more than 90 days after filing.) Pu ry filing requirements, this date wil	rsuant to 605.0207 I not be listed as
ocument's effective date on the Depression of th	date, but not an effective time, at 12:0	1 a.m. on the earlier of: (b) The 90	Oth day after the
ocument's effective date on the Depression of th	date, but not an effective time, at 12:0	l a.m. on the earlier of: (b) The 9	0th day after the
record specifies a delayed effective lis filed.	date, but not an effective time, at 12:0	ia.m. on the earlier of; (b) The 9	T.
record specifies a delayed effective is filed.		la.m. on the earlier of: (b) The 9	T.
record specifies a delayed effective list filed. ated FEBRUARY, 21	2022		2022 MAY - SEUDE IAI TALLAHAS
record specifies a delayed effective distribution is filed.			T.

Filing Fee: \$25.00