107000065189

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EXAMINER

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SECRETIZY OF STATE
TALLAHASSEAFLORIDA

COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	ECT:	Locklando Ac	quisition Group LLC	
			ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		J	ulio C. Esquivel, Esq.	
			Name of Person	
		Shuma	ker, Loop & Kendrick, LLP	
			Firm/Company	
		101 F	Kennedy Blvd., Suite 2800	
		101 2.	Address	
			Tampa, FL 33602	
			City/State and Zip Code	
E-mai		E-mail address: (t	squivel@slk-law.com o be used for future annual report notifica	tion)
For fur	ther information con	cerning this matter, please c	all:	
	Julio C.	Esquivel, Esq.	_{at (} 813 ₎ 2	29-7600
	Name of P	erson	at (813) 2 Area Code & Daytime 7	Felephone Number
Enclose	ed 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)
		G ADDRESS:	STREET/COURIE	R ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Locklando Acquisi	tion Group LL	<u>C</u>	
Locklando Acquisi (Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears (on our records.	
(A Florida Ellinea Ell	tomity Company)		
The Articles of Organization for this Limited Liability Company v	vere filed on	06/20/2007	and assigned
Florida document numberL07000065189TS			
v.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company	," the designation "LL	.C" or the abbreviation
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)			
Manual address MATI BE AT OST OF FICE BOX			
B. If amending the registered agent and/or registered offi		r records, <u>enter th</u>	e name of the new
registered agent and/or the new registered office address here:			
Name of New Registered Agent:		1	
Tunno of From Exognotion Figure		>	7 3
New Registered Office Address:			3 3 "
	Enter	Florida street addre	2
			A 2
	- CI	, Florida 🚟	<u>ح</u>
	City		Zip Gode
New Registered Agent's Signature, if changing Registered Agent:		L0	က္ ယူ ေတြ
		<u> </u>	5. 2
I hereby accept the appointment as registered agent and agree	to act in this cape	acity. I further ag 🗷	e to comply with
the provisions of all statutes relative to the proper and comple			
accept the obligations of my position as registered agent as pr			

If Changing Registered Agent, Signature of New Registered Agent

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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
TS	Gar Lippincott	101 E. Kennedy Blvd., Ste. 3300 Tampa, FL 33602	Add Remove
MGR_	Robert Moreyra	101 E. Kennedy Blvd., Ste. 3300 Tampa, FL 33602	Add ☑ Remove
<u>MGR</u>	Hans Christian Beyer	201 E. Kennedy Blvd., Ste 600 Tampa, FL 33602	Add √ Remove
MGR	Pete J. Buscetto	271 Southridge Industrial Drive Tavares, FL 32778	✓ Add Remove
SEC	Pete J. Buscetto	271 Southridge Industrial Drive Tavares, FL 32778	Add Remove
TS	Pete J. Buscetto	271 Southridge Industrial Drive Tavares, FL 32778	√ Add Remove
D. If amen	ding any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)	
_			_
 Dated		ember of authorized representative of a member	
	Hans C	Syped or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00