L07000096264

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J. BRYAN

JUL 25 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Service Lock and Door 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:	
Aaron G. Murray Name of Person	Δ'n
Service Lock and Door Firm/Company	龍型 下二
1969 S. Alafaya Trail # 316	ED R 1:13
Orlando Fl 32828 City/State and Zip Code	GALLE S
Service lockand door @hotmail.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
James M. Murray at (407) 920-2669 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	and Door LLC any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>September 20, 200</u> and assigned	
Florida document number <u>L 070000 96264</u> .	超艺术	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
<i>N</i> /A		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "LLC" of the abbieviatio	
Enter new principal offices address, if applicable:	X/A	
(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 here		
Name of New Registered Agent:	\mathcal{N}/Δ	
•	1/1	
New Registered Office Address:	Enter Florida street address	
	, Florida City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p	lete performance of my duties, and I am familiar with and	

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 **Title Type of Action** Address **Name** James M. Murray Aaron G. Murray MGRM ☐ Add Remove MGRM Add Remove ☐ Add ☐ Remove Add Remove \square Add \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar) Dated July 18th 1 Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00