## W7000108696

| (Requestor's Name)                      |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |
|   |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| . (Dusiless Littly Name)                |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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## **COVER LETTER**

| TO: Registration So<br>Division of Co |  |  |   |    |
|---------------------------------------|--|--|---|----|
| SUBJECT: IMN LO                       | ocksmith and Home I<br>(Name of Lim        | Preservation, LLC ited Liability Company)                          |   |    |
| The enclosed Articles of              | Amendment and fee(s) are sub               | mitted for filing.   |   |    |
| Please return all correspo            | ondence concerning this matter             | to the following:  |   |    |
|                                       | Charles Hobby                              |  |   |    |
|                                       | <del></del>                                |  |   |    |
|                                       |  | (Firm/Company)   | OB JUN 16 AM 11:49 SECRETARY OF STATE TALLAHASSEE FLORID                                  | i, |
|                                       | 12516 Saulston Place                       |  |   | į. |
|                                       |  | (Address)  | F. STI  |    |
|                                       | Hudson, FL. 34669                          | (City/State and Zip Code)  | A DEFE  |    |
| For further information of            | concerning this matter, please c           | all:   |   |    |
| Charles Hobby (Name                   | of Person)                                 | at ( 727 ) 442-6120<br>(Area Code & Daytime T                      | 'elephone Number)   |    |
| Enclosed is a check for the           | he 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| IMN Locksmith and Home Prese   | rvation, LLC                      |   |                                       |  |  |
|--|-----------------------------------|---|---------------------------------------|--|--|
| (Name of the Limited   | Liability Comp<br>Florida Limited | any as it now appears on ou<br>Liability Company) | r records.)                           |  |  |
| The Articles of Organization for this Limited Liability Company were filed on 10/26/2007 and ass |                                   |   |                                       |  |  |
| Florida document number L07000108696   |                                   |   |                                       |  |  |
| This amendment is submitted to amend the following   | owing:                            |   |                                       |  |  |
| A. If amending name, enter the new name o  | f the limited lia                 | bility company here:                              | PECA IN                               |  |  |
| The new name must be distinguishable and end wi "L.L.C."   | th the words "Lin                 | nited Liability Company," the                     | designation "LLC" or the abbreviation |  |  |
| Enter new principal offices address, if applic   | cable:                            |   | To see                                |  |  |
| (Principal office address MUST BE A STREI  | ET ADDRESS)                       | <del> </del>                                      | <u>Š</u> w                            |  |  |
| Enter new mailing address, if applicable:  |                                   | 12516 Sauls                                       | tor Place                             |  |  |
| (Mailing address MAY BE A POST OFFICE  | BOX)                              | Hudson, FL 34669                                  |                                       |  |  |
| B. If amending the registered agent and/<br>registered agent and/or the new registered o         |                                   |   | ords, enter the name of the new       |  |  |
| Name of New Registered Agent:  | Charles Hob                       | by  |                                       |  |  |
| New Registered Office Address: 12516 Saulston Place  |                                   |   |                                       |  |  |
|  | (Enter Florida street address)    |   |                                       |  |  |
|  | Hudson                            |   | , Florida <u>34669</u>                |  |  |
|  |                                   | (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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member

**Title Address Type of Action** Name | **MGRM** Roberta Hobby 1352 Fairmont Street ■ Add Clearwater, FL. 33755 Remove Charles Hobby MGRM 12516 Saulston Place ■ ✓ Add Hudson, FL. 34669 ■ Remove ☐ Remove ☐ Add Remove ∏ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 05 Dated nature of a member or authorized representative of a member Reberta Hobby Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00