

LO9 000089100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

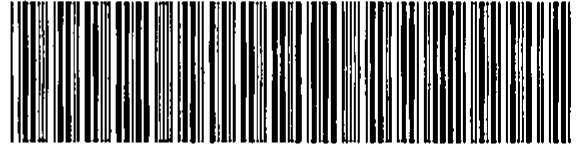
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 OCT 25 AM 11:54

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Key Locksmith Services, LLC  
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:

Ruth Ann Powell  
Name of Person

Key Locksmith Services  
Firm/Company

3893 Mannix Dr. Unit 503  
Address

Naples, FL 34114  
City/State and Zip Code

ruthann@key2security.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruth Ann Powell at ( 239 ) 689-8493  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



2021 OCT 25 AM 10:52

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2021

RUTH ANN POWELL  
3893 MANNIX DR.  
UNIT 503  
NAPLES, FL 34114

SUBJECT: KEY LOCKSMITH SERVICES LLC  
Ref. Number: L09000089100

We have received your document for KEY LOCKSMITH SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist III

Letter Number: 521A00024937

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Key Locksmith Services, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number 209000089100.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Key Security Services LLC  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

*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 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 add or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | <u>N/A</u>  | _____          | <input type="checkbox"/> Add    |
| _____        |             | _____          | <input type="checkbox"/> Remove |
| _____        |             | _____          | <input type="checkbox"/> Change |
| _____        | <u>N/A</u>  | _____          | <input type="checkbox"/> Add    |
| _____        |             | _____          | <input type="checkbox"/> Remove |
| _____        |             | _____          | <input type="checkbox"/> Change |
| _____        |             | _____          | <input type="checkbox"/> Add    |
| _____        |             | _____          | <input type="checkbox"/> Remove |
| _____        |             | _____          | <input type="checkbox"/> Change |
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| _____        |             | _____          | <input type="checkbox"/> Remove |
| _____        |             | _____          | <input type="checkbox"/> Change |
| _____        |             | _____          | <input type="checkbox"/> Add    |
| _____        |             | _____          | <input type="checkbox"/> Remove |
| _____        |             | _____          | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

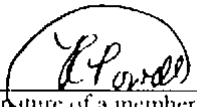
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(f)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/20/2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Ruth Ann Powell

\_\_\_\_\_  
Typed or printed name of signee