## L10000044501

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2010 AUG 16 PM @ 36
SECRETARY OF STATE

C. LEWIS

AUG 1 7 2010

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co		·	·					
SUBJECT:	Lakeland	Locksmith, LLC						
SUBJECT.		ted Liability Company						
The enclosed Articles of	. Amendment and fee(s) are sub	omitted for filing.						
Please return all correspondent	ondence concerning this matter	to the following:						
	Andrew M. Reed, Esq.							
Name of Person								
Law Office of Andrew M. Reed								
		Firm/Company						
1828 S. Florida Ave.  Address  Lakeland, FL 33803								
							City/State and Zip Code	
						E-mail address: (	ndy@polklawyer.com to be used for future annual report notificat	ion)
For further information	concerning this matter, please c	·	,					
	.,							
<del></del>	w M. Reed, Esq.	at \	7-1771					
Name of Person		Area Code & Daytime To	elephone Number					
Enclosed is a check for t	the following amount:							
<b>✓</b> \$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)					
		GENERAL GOLDEN	. PPPPGG					

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

FILED

2010 AUG 16 PM 3: 35

Lakeland Loc	ksmith. LLC	SECRE	TARY OF STATE	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears Liability Company)	on our records.	<del>ASSEL</del> , FLURIUA	
The Articles of Organization for this Limited Liability Company Florida document numberL10000044501	were filed on	4/26/2010	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here	:		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Compan	ny," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:	new principal offices address, if applicable: 4204 S. Florida Ave., Suite F			
(Principal office address MUST BE A STREET ADDRESS)	DRESS) Lakeland, FL 33813			
Enter new mailing address, if applicable:	4204 S. Florida Ave., Suite F			
(Mailing address MAY BE A POST OFFICE BOX)	Lakeland, FL	33813		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		ur records, <u>enter t</u>	he name of the new	
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
<del></del>	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 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 Type of Action <u>Address</u> Title <u>Name</u> MGRM Mayra Simmons 4204 S. Florida Ave., Suite F ✓ Add Remove Lakeland, FL 33813 ☐ Add ☐ Remove Remove ☐ Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Amend the address for Member-Manager Horace Hernandez to read: 4204 S. Florida Ave., Suite F, Lakeland, FL 33813 August 12 Dated Signature of a member of authorized representative of a member Andrew M. Reed, Esq. (authorized representative) Typed or printed name of signee

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Filing Fee: \$25.00