L11000055235

(Requestor's Name)

(Address)

(Address)

CF-11.25

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B. KOHR

MAR 23 2012

EXAMINER

000221188060

02/16/12--01018--027 **43.75

11.25

03/23/12--01004--017 **11.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 12 AM 8:46

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 12 AM 8:46

February 21, 2012

MIRICAL SADDLER
A MIRACLE LOCKSMITH LLC
19501 W. COUNTRY CLUB DRIVE, #1402
AVENTURA, FL 33180

SUBJECT: A MIRACLE LOCKSMITH LLC
Ref. Number: L11000055235

We have received your document for A MIRACLE LOCKSMITH LLC and your check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because A MIRACLE LOCKSMITH, LLC is a limited liability company, it cannot use a Corporation Amendment form.

Please complete, sign, and return the enclosed Florida LLC Amendment form.

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) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 412A00007504

To Whom It May Concern:

Attached is a copy of the requested Florida LLC Amendment FORM. I have enclosed the remaining money due of $11.25 to complete the $55 due amount. If you have any questions, please call me at (305) 467-4531.

Thanks,
Mirical

COVER LETTER

TO: **Registration Section**
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 12 AM 8:46

SUBJECT: A Miracle Locksmith
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:

Mirical Saddler
Name of Person

A Miracle Locksmith
Firm/Company

19501 W. Country Club Drive # 1402
Address

Aventura, FL 33180
City/State and Zip Code

Milagros25@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mirical Saddler at (305) 467-4531
Name of Person Area Code & Daytime Telephone Number

Enclosed 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)

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 12 AM 8:46

A Miracle Locksmith
(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 5/10/2011 and assigned Florida document number L11000095235.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with 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 registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

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 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, 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	Name	Address	Type of Action
MGRM ~~[illegible]~~ MP	SNIR OKbi	19501 W. Country Club Dr. #1402 Aventura, FL 33180	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated 3/2/12

Signature of a member or authorized representative of a member

Mikhal Saddler
Typed or printed name of signee

Filing Fee: $25.00