

L11000082506

(Requestor's Name)

(Address)

(Address)

(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



800211785978

09/12/11--01023--028 **25.00

2011 SEP 12 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

SEP 13 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mr. Lockout 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:

Nicholas M. Fort
Name of Person

Mr. Lockout Locksmith Service
Firm/Company

6420 N. W. 24th pl
Address

Sunrise FL 33313
City/State and Zip Code

businessman9544464101@b0tmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas M. Fort at 954 446-4101
Name of Person Area Code & Daytime Telephone Number

FILED
SEP 12 AM 11:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Detailed Tax 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 7/18/2011 and assigned
Florida document number 211600082506.

This amendment is submitted to amend the following:

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

Mr. LOCKOUT Locksmith Services LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

6420 N.W. 24th Pl
SUNRISE FL 33313
6420 N.W. 24th Pl
SUNRISE, FL 33313

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 on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

Nicholas Milfort

New Registered Office Address:

6420 N.W. 24th Pl

Enter Florida street address

SUNRISE

Florida

33313

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
MGR	Nicholas M. Fort	6420 N.W. 24th Pl	Add Remove
MGR	Nicholas M. Fort	6420 N.W. 24th Pl	Add Remove
MGR	Derrick Elme	3951 N.W. 19th Ave	Add Remove
		Oakland Park FL 33309	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

9/7/11

Signature of a member or authorized representative of a member

Nicholas M. Fort

Typed or printed name of signee

SEP 12 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED