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Office Use Only



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2023 AUG 29 AM 9: 25
SECRETARY OF STATE
TALLAHASSEFSTATE

COVER LETTER

Division of Corp	orations	•	••
SUBJECT: R	locks on clos	cks LLC	
	Name of Lim	ited Liability Company	-
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Ziv T	Tamic Name of Person	
		Name of Person	
		Firm/Company	<u> </u>
	<u>5055</u> Q	allins Ave Apt a	ık
	Mjami Bea	City/State and Zip Code	
	Ruchel @ (Tocks on Clocks. Co	eation)
	ncerning this matter, please ca		20 ანნ
ZN Tan	mic	at (305) 922-9	033 = 20 22
Name of I	Person	at (<u>30.5</u>) <u>922 - 9</u> Area Code Daytime	Telephone Number 177 165 29
Enclosed is a check for the	following amount:		Man Table
墨 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Starus & Certified Copy (additional copy is enclosed)
		Stores Address	

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)
	ompany were filed on July 10, 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ess)
	ALC: ACCEPT OF THE
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
Withing data too Marin DD 111 001 011100 DO 11	2
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B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
Name of New Registered Agent:	
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 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		Miami, FL 33132	
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