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| Special Instructions to F | Filing Officer: | |
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COVER LETTER

| TO: Registration S Division of Co | | · · · · · · · · · · · · · · · · · · · | | |
|--------------------------------------|---|---|---|-------------|
| Lock & Lo | oad Miami, LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | David S. Willig | | | |
| | David S. Willig, Chartered | Name of Person | | |
| • | | Firm/Company | | |
| | 2837 SW 3rd AVE | | •• | ~7 |
| | ••• | Address | | • |
| | Miami, FL 33129 | | | : : : |
| | dswillig@aol.com | City/State and Zip Code | | .` .: |
| | | to be used for future annual report notific | ation) | : 21 |
| For further information | concerning this matter, please ca | all: | | |
| David S. Willig | | 305 860-1881 | | |
| 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 Stat Certified Copy (additional copy is end | |
| | ING ADDRESS: | STREET/COURIE | R ADDRESS: | |

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | City | , Florida Zw Code |
|--|--|---|
| | | Florido |
| New Registered Office Address: | Enter Florida str | eel address |
| N. 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| Name of New Registered Agent: | | |
| | | |
| B. If amending the registered agent and/or regregistered agent and/or the new registered office ac | gistered office address on our ddress here: | records, enter the name of the n |
| | | • |
| | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| Enter new mailing address, if applicable: | | |
| | | <u></u> |
| Principal office address MUST BE A STREET ADI | DRESS) | |
| Enter new principal offices address, if applicable: | | |
| The new name must be distinguishable and contain the words "L | amited Liability Company," the designat | tion "LLC" or the abbreviation "L L C " |
| A. If amending name, enter the new name of the li | mited liability company here: | |
| This amendment is submitted to amend the following: | | |
| Florida document number L12000140452 | · | |
| The Articles of Organization for this Limited Liability | Company were filed on 11/06/20 | and assigned |
| | | |
| (A Flor | oility Company as it now appears on ou ada Lamited Liability Company) | ur records. |

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
Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|-----------------------------------|----------------|
| MGR | Erik Agazim | 451 E. 10 CT Hialeah, FL 33010 | _ |
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| F Effortis | re date, if other than the date of filing: | |
| - Altan elle | e thate, if other than the date of thing. The 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 60s if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list | 5.020° ted a: |
| docume | nt's effective date on the Department of State's records. | |
| | | |
| (f the reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed. | er o |
| | 11-118 | |
| Dated _ | 11/5/18 2018. | |
| | Signature of a member or authorized representative of a member | |
| | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00