113000000186

(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



900247010069

05/08/13--01008--004 **25.00

ONTE DE LONGOLEGES SOLVENS ALEGES

13 MAY -8 AH 10: 30

MAY 0 8 2013 D. BRUCE

COVER LETTER

Division of Corporations	
SUBJECT: ALL STAL LOCKSmith Company LCC 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:	
Varne of Person	
ALL STAL LOCKSMITH Company LLC	
3815 Concord Rd Address	
City/State and Zip Code CoxColors Comparity Com E-mail address: (to be used for future angular report notification)	
For further information concerning this matter, please call:	
Name of Person at (850) 661-1760 Area Code & Daytime Telephone Number	, comments
Enclosed is a check for the following amount:	(SECOND
\$25.00 Filing Fee \(\text{S25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status (additional copy is enclosed)} \(\text{Certified Copy (additional copy is enclosed)} \)	J

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

MLL STAYLOCKS (Name of the Limited Liabili	mith	Com	Pm4	220	_		
(<u>Name of the Limited Li</u> abili (A Florida	ity Company a Limited Lia	as it now an bility Compa	pears on our ny)	records.)			
The Articles of Organization for this Limited Liability Florida document number <u>L/3 000000</u> /8	Company w F6.	vere filed on	1/0,	//3	and as	signed	
This amendment is submitted to amend the following:				•			
A. If amending name, enter the new name of the lin	mited liabili	ity company	here:				
The new name must be distinguishable and end with the w"L.L.C."	vords "Limite	d Liability Co	ompany," the	designation "L	LC" or the	abbrev	riation
Enter new principal offices address, if applicable:				· · · · · · · · · · · · · · · · · · ·			
(Principal office address MUST BE A STREET ADI	DRESS)						
		-	<u> </u>			- ,	
Enter new mailing address, if applicable:				-	<u></u>		
(Mailing address MAY BE A POST OFFICE BOX)					·	<u> </u>	
				<u></u>			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac			on our reco	ords, <u>enter t</u>	ne name	of the	new
Name of New Registered Agent:					SEQ	<u> 13</u>	
New Registered Office Address:					発出を	AY	
			Enter Flor	ida street add	ressy, Au	8	Con Property
		City		_, Florida		AH II	
New Registered Agent's Signature, if changing Register	ered Agent:	City			ANA I	بي. د	
					w. (1)		

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 **Title** <u>Address</u> Type of Action <u>Name</u> lerry Berry Remove ☐ Add Remove Remove ∏Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Types or printed name of signee

Page 2 of 2

Filing Fee: \$25.00