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COVER LETTER

	distration Sec ision of Corp					
	24/7 AFFOR	DABLE LOCKSMITH LLC				
SUBJECT:	,	Name of Lim	ited Liability Company			
The enclosed	l Articles of A	xmendment and fee(s) are sub	mitted for tiling.			
Please return	all correspon	idence concerning this matter	to the following:			
		HEN COHEN				
			Name of Person			
24'7 AFFODABLE LOCKSMITH LLC						
	Firm Company					
		2233 SW 47TH ST				
			Address			
		FORT LAUDERDALE, F	1. 33312			
		· · · · · · · · · · · · · · · · · · ·				
		E-mail address (to be used for future annual report notificat	ion)	جے ہے۔	
For further in	iformation co	neerning this matter, please ca	nil:			
Hen Cohen			786 327-7492 at ()		ZECKE JAS LECKE JAS	
	Name of	Person	Area Code Daytime Te	lephone Number	—————————————————————————————————————	[}-J
Enclosed is:	a check for the	e following amount:			0 2	<u> </u>
■ \$25,00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	ig Fee. No of Status &	

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

24// AFFORDABLE EOCKSMIT			. <u>. </u>	
(Name of the Limi	<u>red Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Dability Company)		
The Articles of Organization for this Limited L Florida document number 1.14000001926	Liability Company		and assigned	
This amendment is submitted to amend the fol A. If amending name, <u>enter the new name o</u>	-	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi"	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	2233 SW 47TH ST		
(Principal office address MUST BE A STREA	ET ADDRESS)	FORT LAUDERDALE, FL 33312		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2233 SW 47TH ST FORT LAUDERDALE, FL 33312		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent: New Registered Office Address:		<u>e</u> :	ter the LAHASSES A D	
	FORT LAUDE	ERDALE 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. Thereby confirm that the limited liability company has been notified in writing of this change.

H Changing Registered Agent, Signature of New Registered Agent

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

Title Name Address Type of Action

Add

Remove

Change

Add

Remove

			
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Effective date, if other than t	he date of filing:		(optional)	
(If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	block does not meet the applica	able statutory filing require	rinents, this date will not be list	5.0207 (3 led as th
the record specifies a delay) The 90th day after the r		t an effective time, a	t 12:01 a.m. on the earlie	er of:
Dated June 1st	2017	<u> </u>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00