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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUN 16 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2 IN 1 LOCKSMITH, 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:

LISA YANES

\_\_\_\_\_  
Name of Person

ROBSON, SCRIBNER, & STEWART, P.A.

\_\_\_\_\_  
Firm/Company

307 NE 36TH AVE, STE #1

\_\_\_\_\_  
Address

OCALA, FL 34470

\_\_\_\_\_  
City/State and Zip Code

LISA@RSSCPA.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA YANES

352

694-4184

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 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



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>	<u>Type of Action</u>
X	RAPP, JOHN H	PO BOX 99 BELLEVIEW, FL 34	<input checked="" type="checkbox"/> Add
		4370 SE 79TH ST OCALA, FL 34	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
X	NICHOLS, DANIEL D	PO BOX 99 BELLEVIEW, FL 344	<input checked="" type="checkbox"/> Add
		4370 SE 79TH ST OCALA, FL 34	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF COURT  
ALACHUA COUNTY, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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CLERK OF DISTRICT COURT  
JULIA A. HARRIS

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 6-11-2015

John Rupp  
Signature of a

Signature of a member or authorized representative of a member

John Rapp

Typed or printed name of signee