# \*14000054680

| (Re                     | equestor's Name)       |
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| (Ad                     | ddress)                |
| (Ad                     | idress)                |
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# **COVER LETTER**

|                         |   | ,   |  |
|-------------------------|---|---|--|
| SUBJECT: 2 II           | I LOCKSMITH, LLC  |   |  |
| 3003EC1.                | Name of Lim   | ited Liability Company                    |  |
|                         |   | <del>-</del>                              |  |
|                         | LISA YANES  | Ü   |  |
|                         |   | Name of Person                            |  |
|                         | ROBSON, SCRIBNER, &   | STEWART, P.A.                             |  |
|                         |   | Firm/Company                              | - Aden                                 |
|                         | Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  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)  ther information concerning this matter, please call: |   |  |
|                         |   | Address                                   |  |
|                         | OCALA, FL 34470   |   |  |
|                         | LISA@RSSCPA.COM   | City/State and Zip Code                   |  |
|                         | E-mail address: (   | to be used for future annual report notif | ication)                               |
| For further inform      | nation concerning this matter, please ca  | all:                                      |  |
| LISA YANES              |   |   |  |
|                         | Name of Person  | Area Code Daytime                         | Telephone Number                       |
| Enclosed is a che       | ck for the following amount:  |   | ·                                      |
| <b>■</b> \$25,00 Filing |   | Certified Copy                            | Certificate of Status & Certified Copy |
|                         |   |   |  |

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

| FILED               |    |
|---------------------|----|
| 2015 JUN 15 PM 4: 4 | 4  |
| Jeuly Inn.          | C, |

2 IN 1 LOCKSMITH, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/03/14}{1}$ Florida document number L14000054680 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 5555 S PINE AVE Enter new principal offices address, if applicable: OCALA, FL 34480 (Principal office address MUST\_BE A STREET ADDRESS) PO BOX 99 Enter new mailing address, if applicable: BELLEVIEW, FL 34421 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

### 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name              | Address                      | Type of Action    |
|--------------|-------------------|------------------------------|-------------------|
| x            | RAPP, JOHN H      | PO BOX 99 BELLEVIEW, FL 344  | <b>B</b> Add      |
|              |                   | 4370 SE 79TH ST OCALA, FL 34 | Remove            |
|              |                   |                              | Change            |
| X            | NICHOLS, DANIEL D | PO BOX 99 BELLEVIEW, FL 344  | Add               |
|              |                   | 4370 SE 79TH ST OCALA,FL 344 | ■ Remove          |
|              |                   |                              | Change            |
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| (If an ei<br><u>Note:</u> | e date, if other than the date of filing:  | 5.0207 (<br>ed as t |
| The                       | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli<br>Both day after the record is filed. | er of:              |
| Dated                     | 6-11-2015  July Signature of a member or authorized representative of a member   |                     |
|                           | Vala Kasa  |                     |
|                           | Signature of a member or authorized representative of a member   |                     |

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Filing Fee: \$25.00