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COVER LETTER

Division of Corpo	orations		
LOCK'S KIN	G LLC		
	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	CARLOS F DELEON		
		Name of Person	
	LOCK'S KING LLC		
		Firm/Company	<u> </u>
	1600 EAST VINE STREET	STE A	
		Address	
	KISSIMMEE, FL 34744		
		City/State and Zip Code	*****
	LOCKSKINGLLC@GMAIL		
	E-mail address: (to	be used for future annual report notificati	ion)
For further information con	ncerning this matter, please cal	1:	
CARLOS F DELEON		407 738-8475 at ()	
Name of F	'erson		lephone Number
Enclosed is a check for the	following amount:		
S25.00 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 '

TO:

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

LOCKIC	VINIO	TT	\sim
LOCK'S	DINU	LL	u

(Name of the Limiter	Liability Compa A Florida Limited	ny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number L14000080579 This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to a su	bility Company	were filed on $\frac{05-19-}{}$		FIGURE 1ARY OF STATE LANASSES, FLORIDA
The new name must be distinguishable and contain the wor	rds "Limited Liabil	lity Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	1600 EAST VINE S	TREET	
(Principal office address MUST BE A STREET	ADDRESS)	SUITE A		
		KISSIMMEE, FL 34	4744	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<i>0X</i>)	1600 EAST VINE S	TREET	
		KISSIMMEE, FL 34	1744	
B. If amending the registered agent and/or registered agent and/or the new registered office agent and/or the new registered of New Registered Agent:	ce address here		r records, <u>ent</u>	er the name of the new
New Registered Office Address:	1000 EAST VII	NE STREET STE A Enter Florida s	treet address	
	KISSIMMEE	2 /// 1 1 1 1	, Florida	34744
		City	, 1 101104	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, 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 eac	h pers <u>on</u>	being added
or removed from our records:					

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CARLOS DELEON	1600 EAST VINE STREET STE A	□ Add
		KISSIMMEE, FL 34744	Remove
			Change
MGR	RICHARD VAZQUEZ	1600 EAST VINE STREET STE A	
		KISSIMMEE, FL 34744	☐ Remove
			Change
MGR	HENRY EVEL MATEO	1600 EAST VINE STREET STE A	
		KISSIMMEE, FL 34744	Remove
			Change
			☐ Remove
			☐ Change
	4		Add
		ANGEE FLORIDA	Remove Change Change Remove
		<i>></i>	

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fective date, if other than the on effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and cannot ck does not meet the	ie applicable stati	filing or more than 9	(optional 00 days after filing ments, this date	g.) Pursuant to 605.020
record specifies a delayed The 90th day after the reco	effective date, and is filed.	but not an ef	fective time, a	: 12:01 a.m.	on the earlier o
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	Signature of a membe				

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Filing Fee: \$25.00