

LI4000092575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

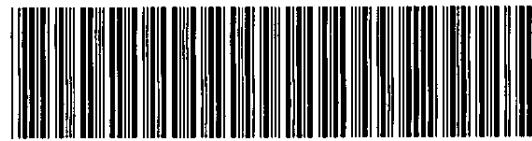
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14 AUG 13 PM 12: 09

REVISION OF CERTIFICATION

14 AUG 13 PM 12: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APR 14 2014
AND
FILED

AUG 13 2014
T. HAMPTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Tallahassee Emergency Roadside Services, 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:

Troy Crawford

Name of Person

Firm/Company

3535 Roberts Ave. #129

Address

Tallahassee, FL 32310

City/State and Zip Code

850lockmedix@gmail.com

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

For further information concerning this matter, please call:

Troy Crawford

Name of Person

at 850 765-1978

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Tallahassee Emergency Roadside Services, 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 06/10/14
Florida document number L14000092575.

14 AUG 13 PM: 17
TALLAHASSEE, FLORIDA
SECURE
STATE
TALLAHASSEE
FLORIDA
TILED
ATTESTED

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LockMedix of Tallahassee, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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 _____, Florida _____ 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

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

adding fei # 47-1015945

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 13, 2014

Troy Crawford

Signature of a member or authorized representative of a member

Troy Crawford

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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