

L14000124405

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 637-6380

From: Account Name : CLARA GIRALDO, P.A.  
Account Number : 12999000017  
Phone : (305) 485-9800  
Fax Number : (305) 485-1098

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
NUMBER ONE LOCKSMITH, LLC

Certificate of Status	0
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114 000 293 365 3.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NUMBER ONE 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 August 7, 2014 and assigned Florida document number 114 000 124 405.

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 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

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, 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

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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

Title	Name	Address	Type of Action
MGR	CARVALLO MONTILLA, HARRY JONATHAN	6540 NW 114 AVE #1424 MIAMI FL 33178	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CHANG ROMERO, ENDORER JOSE	6540 NW 114 AVE #1424 MIAMI FL 33178	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SILVA GONZALEZ, ENRRY HEBRAIN	6540 NW 114 AVE #1424 MIAMI FL 33178	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLARA GIRALDO P.A

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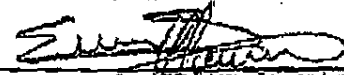
D. I intend to add any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NOTE: DELETE: SILVA GONZALEZ, ENRRY HEDRAIN  
6540 NW 114 AVE #1424  
MIAMI FL 33178

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: DECEMBER 18, 2014.

  
Signature of a member or authorized representative of a member  
ENRRY HEDRAIN SILVA GONZALEZ  
Typed or printed name of signor

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