

L15000103790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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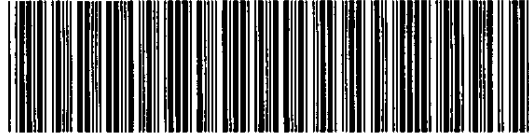
(Business Entity Name)

(Document Number)

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AUG 03 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOCK KEY LADY, 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:

NICOLE CAMPO CHEVRES

Name of Person

LOCK KEY LADY, LLC

Firm/Company

1521 HAMMOCK LANE

Address

PEMBROKE PINES, FL 33026

City/State and Zip Code

ACTONYONE@GMAIL.COM

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

For further information concerning this matter, please call:

NICOLE CAMPO CHEVRES

561 843-0219
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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**

LOCK KEY LADY, 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 06/15/2015 and assigned
Florida document number L15000103790.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1521 HAMMOCK LANE

PEMBROKE PINES, FL 33026

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1521 HAMMOCK LANE

PEMBROKE PINES, FL 33026

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:

NICOLE CAMPO CHEVRES

New Registered Office Address:

1521 HAMMOCK LANE

Enter Florida street address

PEMBROKE PINES

City

Florida 33026

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 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>
MGR	MARIA CAMPO	1301 PIERCE ST	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NICOLE CAMPO CHEVRES	1521 HAMMOCK LANE	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

15 JUL 31 PM 3:03
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

15 JUL 31 PM 8:03
FBI
FALLASSER, FLORIDA

15 JUL 31 PM 3:03
OFFICE OF
FALLASSER, FLORIDA

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.

Dated 07/21, 2015
Nicol Campos Chery
 Signature of a member or authorized representative of a member

Typed or printed name of signee