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## **COVER LETTER**

•	
	Auto Locks muth LCC
SUBJECT:	Name of Limited Liability Company
The enclosed Arti-	es of Amendment and fee(s) are submitted for filing.
Please return all co	respondence concerning this matter to the following:
	Alexander Frin Shtein
	Mobile service 9417024646
SUBJECT:  Auth Cocks muth LCC  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:  Authorities  Authorities  Authorities  Authorities  Please return all correspondence concerning this matter to the following:  Authorities  Authorities  Same of APTOL-OCKSMIT mobile assertices  9417024645  Finan/Company  6344 Raven wood cat  Address  Same for Authorities  Garafota Fl 34243  City/State and Zip Code  1 Kay Man & Man't Communication concerning this matter, please call:  Alexander Fain Chat in at (941)  Name of Person at (941)  Area Code Daytine Tel  Enclosed is a check for the following amount:  Enclosed is a check for the following amount:  Street Address:  Street Address:  Street Address:	· ,
	6344 RAVENWOOD CX
	Address
	SARASOTA FL 34243
	City/State and Zip Code  4 CCYMIN & GMAIL, COM
	E-mail address: (to be used for future annual report notification)
For further inforn	ion concerning this matter, please call:
Alexa n	den FAIN Shtein at (941) 702 4545  Area Code Daytime Telephone Number
Enclosed is a chee	for the following amount:
\$25.00 Filing	Certificate of Status Certified Copy Certificate of Status
Mailing	ddress:  Street Address:  Pagistration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AUTO LOCKSMITH LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 11/02/2015	and assigned
Florida document number L15000185979		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
1 Autolock smith LLC		
1 AUTOIOCK Smith LLC 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 ADDRES		***
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
		<u> </u>
B. If amending the registered agent and/or registered of	ffice address on our records, enter the	name of the new registered
agent and/or the new <u>registered office address here</u> :	ance address on our records, enter the	THE WAY THE THE PARTY OF THE PA
Name of New Registered Agent:		
ranic of their regimeness rigen.		
New Registered Office Address:	Enter Florida street address	
	Emer Provida Sirver address	
	, Florid	la
	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.

City

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	<u>Address</u>	Type of Action
			□Add
			□Remove
		<del></del>	Change
			□Add
			□Remove
			☐ Change
			□Add
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			□Change
		<del></del>	□Add
			□Remove
			□Change

If an c <u>Note</u>	tive date, if other than the date of filing: September 17, 2025(optional)  flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e rece rd is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the filed.
Date	September, 16 . 2025.  Museum Ture  Signature of a member or authorized representative of a member  Alexander Fainshtein  Typed or printed name of signee
	<b>l</b> (
	V

Filing Fee: \$25.00