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PIL CU 2018 OCT 24 P 2: SECRETARY OF STATE

> D. BRUCE OCT 25 2016

COVER LETTER

TO:	Registration Sec Division of Corp			•	
SUBJ	ест:	US RLP UNLOCE Name of Lim	cers llc		
		Name of Lim	ited Liability Company		
The en	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	ndence concerning this matter	to the following:		
		MARK	TOTHALUCSY Name of Person		
			Name of Person		
		WOKLD	UNLOCKERS LU		
		· ,	UNLGCKERS LC		
		4371 NORTH	LAKE BLUD #269 Address		
			Address		
		PALM BC4	City/State and Zip Code	33410	
		-	City/State and Zip Code		
		E mail addraga (to be used for future annual report notif	·*	•
For fu	rther information co	oncerning this matter, please ca	•	2018 OCT 24 ALLAHASSE 7977	71
	HRI STOPHE		at (954) 740 Area Code Daytime	9977 ASSEE	FILED
	Name of	r Person	Area Code Daytime	Telephone Number	O
Enclo	sed is a check for th	e following amount:		9.77 I	
₽3 \$2	25.00 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 **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

cers LLC	
<u>Jiability Company as it now appears on our reco</u> Florida Limited Liability Company)	ords.)
ility Company were filed on	and assigned
ing:	
e limited liability company here:	
s "Limited Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
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ADDRESS)	
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s address here.	2018 SEC
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	Enter Florida street address on our records and the street address on our records. Enter Florida street address on our records.

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>	Address	Type of Action
AMOR	MARK TOTHFALUSIY	2720 STUTTO ST, UNIT 15	
		HAMBEN, CT GG517	∑ Remove
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n effective date is listed, the	e date must be specific:	and cannot be prior	to date of filing or m			Pursuant to 605.
te: If the date inserted cument's effective date			ble statutory filing	g requirements, t	this date w	vill not be liste
		. Daile B 100010B.				
record specifies a	delayed effective	a date but not	an effective t	ime at 12·0°	lamo	n the earlie
The 90th day after			. an enective t	inie, at 12.0.	L a.iii. O	ii die cariic
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ted PMM GEACH	Signature of	a member or autho	rized representative	of a member		

Page 3 of 3

Filing Fee: \$25.00