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ECKETARY OF STATE ALLAHASSEE, FLORIDA

S. WARREN JUN 0 9 2017

COVER LETTER

SUBJECT: PROLOCKSMITH2017 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:	
Luis C. Concepcion Muzdeka	
Name of Person	
PROLOCKSMITHJOIT LLC	
Firm/Company	
7697 HARBOR LAKE DR. Address	
Prolocks mith 2017 Ogmail. Com E-mail address: (to be used for disture annual report notification)	
City/State and Zip Code	
E-mail address: (to be used for defure annual report notification)	
For further information concerning this matter, please call:	
Luis C. Concepcion Hurdeka at 407, 692-2322 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

MAILING ADDRESS:

TO:

Registration Section

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

PROLOCKS MITH 20	7/7 LLC	ur records)
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ted Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compa	any were filed on	$\frac{5/17}{}$ and assigned
Florida document number <u>L 1700000 3 5 51</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	H
B. If amending the registered agent and/or registered registered agent and/or the new registered office address I Name of New Registered Agent:		records, enter the name of the
New Registered Office Address:		
	Enter Florida stre	
		, Florida Zip Code
	City	7 in Coda

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 limited 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> **Name** Type of Action MGR Fidencio J. Concepción Muzdeka | 5901 Augusta National MAdd

Orlando, FC.32822 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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document's	effective date on the	Department of S	state's records.				
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Filing Fee: \$25.00