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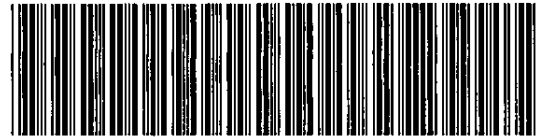
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S. WARREN

JUN 09 2017

COVER LETTER

TO: Registration Section
Division of Corporations

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
PROLOCKSMITH2017 LLC
Firm/Company
7697 HARBOR LAKE DR.
Address
Orlando, FL. 32822
City/State and Zip Code
Prolocksmith2017@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis C. Concepcion Muzdeka at (407) 692-2322
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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

PROLOCKSMITH2017 LLC

Page 1 of 3

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Dated 6/5/17

Luis C Concepcion Muz de Ka
Typed or printed name of signer

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