## 117000132154

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

	Registration Sec Division of Corp		•	*			
CUD IFC	MP Locksm	ith& PropertyMaintenanceLi	LC				
SUBJEC	1:	Name of Limited Liability Company					
The enclo	osed Articles of A	mendment and fee(s) are subr	nitted for filing.				
Please ret	turn all correspon	dence concerning this matter t	to the following:				
		Mileidys M. Rosario					
			Name of Person	<del></del>			
		MP Locksmith& Property	Maintenance LC	<b></b> ;			
			Firm/Company				
		4630S. Kirkman Rd. Ste.	146				
			Address				
		Orlando,FL 32811					
			City/State and Zip Code	<del></del>			
		mplocksmithpropmaint@		<del></del>			
		E-mail address: (1	to be used for future annual report notific	cation)			
For furth	er information co	ncerning this matter, please ca	all:				
Mileidys	M. Rosario		203 510-5715 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed	is a check for the	e following amount:					
\$25.0	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

MP Locksmith& PropertyMaintenanceLC

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compared Florida document number    L17000132154	ny were filed on June16, 2017 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1296S. BeachCir KissimmeeFL 34746
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	4630S. Kirkman Rd. Ste.146Orlando,FL 32811
Mailing address MAY BE A POST OFFICE BOX)	
<ol> <li>If amending the registered agent and/or registered egistered agent and/or the new registered office address he</li> </ol>	office address on our records, enter the name of the
Name of New Registered Agent:	17 SE SEGRE SLLAH
New Registered Office Address:	ASS ASS
	Enter Florida street address Florida
	City R Z p Code
dew Registered Agent's Signature, if changing Registered Agen	

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	<b>Type of Action</b>
President	Mileidys M. Rosario	1296 S. Beach Cir. Kissimmee, FL	■ Add
			Remove
			Change
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		<del></del>	☐ Remove
			☐ Change
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Effective date, if other than the dat	e of filing		4- J-4CCV		(optional)	Duequent	. 605 0207 /2
(If an effective date is listed, the date must be s  Note: If the date inserted in this block	does not m	eet the applica	able statutory	or more than 90 da filing requireme	ays after filing.) nts, this date	Will not b	e listed as t
document's effective date on the Depart	ment of St	tate's records.					
	المسائد المسائد	nta hut no	t an affacti	uo timo lat 1	7:01 a m	on tha c	andier of:
the record specifies a delayed eff ) The 90th day after the record	is filed.	ate, but no	t an enecu	ve time, at 1.	2.01 a.m. (	on the e	arner or.
Dated August25	,	<u>2017</u>					
11210							
Sign	ature of a m	nember <u>or</u> autho	orized represent	tative of a member		···-	_
Mileidys M. Rosario							

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Filing Fee: \$25.00