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(Re	questor's Name)			
(Ad	ldress)			
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(City/State/Zip/Phone #)				
		MAIL		
(Bu	isiness Entity Na	me)		
(Dc	cument Number)		
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
Office Use Only				

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US/26/19--01010--002 **25.06

FILED 19 MAR 26 PH 5: 43 14 LANASSEE, FLORIDA

APR 0.5 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations

PITA LOCKS, LLC

SUBJECT: _

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:

Jose A Santos

Name of Person

PITA LOCKS, LLC

Firm/Company

415 Green Spring Cir.

Address

Winter Springs, FL 32708

City/State and Zip Code jszurdo16@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:



□ \$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

BITS LOCKS LLC

NO, LEC		
any as it now appears (Liability Company)	<u>on our records.</u>)	
were filed on	June 29, 2017	and assigned
oility company here	<u>e</u> :	
s and Keys, LLC		
ility Company," the des	ignation "LLC" or d	he abbreviation "L.L.C."
415 Green Spring	Cir.	
Winter Springs, F	L 32708	1 9
415 Green Spring	Cir.	
Winter Springs, F	1, 32708	
office address on o	our records, <u>en</u>	tter the name of th
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Enter Florid	la street address	
City N.	, Florida	AZip Code
	Liability Company) were filed on were filed on s and Keys, LLC tity Company," the des 415 Green Spring Winter Springs, F 415 Green Spring Winter Springs, F ffice address on fee:	were filed on

New Registered Agent 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

Page 1 of 3

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

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If the record 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 record is filed.

Dated	March 21		
	Sig	nature of a member or authorized representative of a member JS.S.C.A. Sautos	Det
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00