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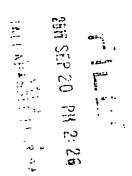
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J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: D.	Wilsons (LOCKS MITH	LLC
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dovice	Name of Person	
	D. W	Uson's Lock's Ma	.M. ccc
	2473 /	orkshire Dr. Address	
	Sarasoty	City/State and Zip Code Key & Holman, Co to be used for future annual report notific	<u> </u>
	Big Blue E-mail address: (Meg @ Holman, Co	cation)
For further information c	oncerning this matter, please ca		
Name o	WUS2n fPerson	at (94/) 658-7 Area Code Daytime	Z369 Telephone Number
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	Locksmith	Dur records.)			
The Articles of Organization for this Limited Liability Com Florida document number <u>L17001500</u>	pany were filed on <u>7</u>	-13-17	7_	and as:	signed
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:				
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:	Liability Company," the designa	ation "L.L.C" or th	ie abbrevi	ation "L	.L.C."
enter new principal offices address, it applicable: Principal <u>office address MUST BE A STREET ADDRES</u>					
Trincipal office and ess (2001 1997) OTRIBUT TRIBUTE			51	<u>65</u>	.
Enter new mailing address, if applicable:				SEP	Cui
(Mailing address MAY BE A POST OFFICE BOX)			10	20	1
	 		:	P	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, <u>en</u>	ter the	uame i	of the nev
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida st	reet address			
		. Florida			
	City	, riortaa		ip Code	

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>	Name	Address	Type of Action
MGR	David. S. Wilson	2473 Yorkshire Dr. Sorasota, G1 34231	X Add
		Sorasota, 61 34231	Remove
			Change
			
			C Remove
			Change
			□ Add
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ective date, if one offective date is lis	ther than the date of fil ted, the date must be specific	ling: and cannot be prior to date of t	(opt.	ional) er filing.) Pursuant	t to 605.0207
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	Signature o	r a member or authorized repre	escritative of a themoer	<u>-</u> 2517	I SEP
	DAUID	S. WILSON		ا الم الم	
		Typed or printed name of	signee	92.7 124	TO #
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