Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H17000281666 3)))



H170002818683ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP Account Number : 120100000009. : (305)599-0839 Phone

Fax Number

: (305)592-939%

Enter the email address for this business entiry to be used for future annual report mailings. Enter only one email address please.

Emmil Address:

LLC AMND/RESTATE/CORRECT!OR M/MG RESIGN A-ATLANTIC LOCKS AND KEY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 26 2017

Y SULKER

ငှာ S

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A-ATLANTIC LOCKS AND KEY LLC		
(Name of the Limited Liability Com (A Plorido Limite	pany as it now appears on our records.) d Lisoility Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on JULY 14, 2017	and assigned
Plorida document number Li 7000151437		
This amendment is submitted to amend the following:	. कृष	
A. If amending name, enter the new name of the limited list	ability company here:	
HUBER LOCKSMITH LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	1	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered	office address on our records,	enter the name of the ne
registered agent and/or the new registered office address h	<u>cre</u> :	- Tar
		og og
Name of New Registered Agent:		
N Parity of Office Address.		•
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	City:	Zip 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 = M AMBR = A	anager uthorized Member		
Title	Name	Address	Type of Action
			Add
		<u></u>	□ Remove
			☐ Change
			DAdd
			□ Remove
			Change
			□ ∧dd
			□ Remove
			□ Change □
			DAdd &
			☐ Remove
•			Change
			
			☐ Remove
			☐ Change
			Add
			☐ Remove

_____ Change

	-
	_
	_
	_
	_
	≒ €2
	!
	€.F
	<u> </u>
	ÇÇ.
	- £
<u> </u>	_

Page 3 of 3