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SECRETARY OF ST

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COVER LETTER

TO:	Registration Se Division of Cor			
erin r		OUR LOCKSMITH LLC	Suite 9700 Address City/State and Zip Code to be used for future annual report notification)	
Suisj	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Elias Correa-Menendez,	Esq.	
			Name of Person	
		Trembly Law Firm		
			Firm/Company	
9700 S. Dixie Highway, Suite 9700				
		-	Address	
		Miami, Florida 33156		
			City/State and Zip Code	
		elias@tremblylaw.com		
			·	ation)
For fu	rther information c	oncerning this matter, please co	all:	
Elias Correa Menendez, Esq. 305 431-5678				
	Name o	r Person	Area Code Daytime T	Felephone Number
Enclos	sed is a check for th	ne following amount:		,
□ \$2	5.00 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



ALFA 24 HOUR LOCKSMITH LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on November 20, 2017 and assigned		
Florida document number L17000239715			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company "the designation "FLC" or the abbreviation "FLC"		
Enter new principal offices address, if applicable:	2002		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33131		
Enter new mailing address, if applicable:	201 SW 2ND AVENUE		
••	number L17000239715 s submitted to amend the following: ame, enter the new name of the limited liability company here: e distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." pal offices address, if applicable: 201 SW 2ND AVENUE 2802 MIAMI, FL 33131 g address, if applicable: 201 SW 2ND AVENUE 2802 MIAMI, FL 33131 the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here: New Registered Agent: integer of Control of the Address Enter Florida street address Enter Florida street address Enter Florida street address integer of the proper and complete performance of my duties, and I am familiar with and tions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is rely reflect a change in the registered affice address, I hereby confirm that the limited liability rely reflect a change in the registered office address, I hereby confirm that the limited liability		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33131		
Name of New Registered Agent:	<u>. </u>		
New Registered Office Address:	Enter Florida street address		
	Florida		
· · · · · · · · · · · · · · · · · · ·	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		
If Chai	nging Registered Agent, Signature of New Registered Agent		

	g Authorized Person(s) authorized to be from our records:	manage, <u>enter the</u>	j- 11 ,.	
MGR = M AMBR = A	lanager Authorized Member		2017 DEC 11 PM 1	
<u>Title</u>	<u>Name</u>	Address	SELHETARY OF STATE TALLAHASSEE, FLORIDA	Type of Action
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable stat	(optional) of filing or more than 90 days after filing.) Pursuant to 60 tutory filing requirements, this date will not be list)5.0207 (1 ited as th
e record specifies a delayed The 90th day after the reco		ffective time, at 12:01 a.m. on the earli	ier of:
December 6 Dated	2017		
	<u> </u>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00