L18000170875

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	ness Entity Nar	ne)
(Doc	ument Number)	
·		
Certified Copies	Certificates	s of Status
,		
<u></u>		
Special Instructions to F	iling Officer:	
		į
		ļ





700316640257

05 1870 0 MB (7) (45 5.63









FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2018

GREGORY CROTEAU 158 BURNS AVE LONG WOOD, FL 32750 US

SUBJECT: LOCK POPPERS & ROADSIDE ASSISTANCE, LLC

Ref. Number: L18000170875

We have received your document for LOCK POPPERS & ROADSIDE ASSISTANCE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith Regulatory Specialist II Registration Section

Letter Number: 218A00017117

2018 OCT -3 AM 10: 4.2

COVER LETTER

Division of Cor	porations		
SUBJECT: Loc	K Poppec	s a Roadsid	Le Asst LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Gragory	Name of Person	<u>ی</u>
		_	
	Lock Yo	PRESS & ROC Firm/Company	dside Asst LLC
	158 BURN	ns Aug	
		Address	
	Longwo	City/State and Zip Code	2750
	Lock paper	to be used for future annual report notif	ail·com
For further information ed	oncerning this matter, please ca	all:	
Sec S	cotcar	at (<u>904</u> 429 Area Code Davtime	-5093 Tabadan Marakar
Name of	rerson	Area Code Dayana	e Telephone Number
Enclosed is a check for the	se following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
		Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
eviously se			(additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Lock Poppers & Roadside Asst LLC

(Name of the Limited	V Florida Limited Liability (lompany)	recorus.)		
The Articles of Organization for this Limited Lia Florida document number <u>L 18000 (1</u>		led on	16/2018	and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, <u>enter the new name of</u> t	he limited liability cor	npany here:			
The new name must be distinguishable and contain the wor	rds "Limited Liability Comp	oany," the designation	on "LLC" or the abbrev	riation "13C."	_
Enter new principal offices address, if applical	ble:			S S	M
(Principal office address MUST BE A STREET	'ADDRESS)		ř		-
Enter new mailing address, if applicable:				3 PH I	M
3				声 2	_
(Mailing address MAY BE A POST OFFICE B	<u> </u>				
B. If amending the registered agent and/o registered agent and/or the new registered offi	ce address here:		_		<u>new</u>
Name of New Registered Agent:	G-562020	3 A.	Coate	<u>~</u>	
New Registered Office Address:	158 Bus	Enter Florida stree	t address		_
	Longe	<u>sd</u>	, Florida <u> </u>	2750 Zup Code	_
New Registered Agent's Signature, if changing Re	gistered Agent:				

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.

f 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

Title Title **Address** Type of Action <u>Name</u> Alissa M.

Crotecu

158 Burns Ave Dremove

Longwood El 32750

Change AP Gregory A Crotecu ☐ Change _□ Add □ Add ☐ Remove □ Change _□ Add _□ Remove ☐ Change

_	
-	
-	
-	
-	
-	
-	
_	
-	
-	SECRET TALL
-	
-	
-	ST 7
_	mos -
	ATE ATE
	10/3/2018
ffect	ive date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocum	ient's effective date on the Department of State's records.
е гес	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	90th day after the record is filed.
ated	9/3/2018
	Signature of a member or authorized representative of a member
	\sim
	GCESOCY A CCCOTECU Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00