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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor						
	TIS AUTOMOTIVE ELECTRO	ONICS SPECIALISTS L	LC			
SUBJECT:	Name of Limi	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspond	ondence concerning this matter	to the following:				
	MODESTO MARTE DE I	.OS SANTOS				
		Name of Person				
		Firm/Company				
	1060 TUCKER AVE. 3	CIT B			73	
		Address		_		
	ORLANDO FLORIDA 3	2807		79 75 75 (4)	,	
		City/State and Zip Code		33.	w	
	LOCKARTISOI@GMAIL.				PH 2: 54	
	E-mail address: (to be used for future annual	report notification)		5	
For further information of	oncerning this matter, please ca	all:		, H	÷	
MODESTO		407 36	4-6816		_	
Name o	f Person	Area Code	Daytime Telephone Nu	ımber		
Enclosed is a check for t	he following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end	Cert closed) Cert	00 Filing For tificate of Stiffed Copy itional copy is	tatus &	
<u>Mailing Addres</u> Registration		<u>Street A</u> Registr	ddress: ration Section			
Division of C		Division of Corporations				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOCK ARTIS AUTOMOTIVE ELECTRONICS SPECIALISTS 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 $\frac{03/01/2019}{}$ and assigned Florida document number _____L19000059455 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LOCKARTIS LOCKSMITH & ELECTRONICS LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida ₋

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.

City

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
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			□Remove
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		06/26/2024				
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Filing Fee: \$25.00