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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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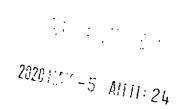
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2020

DAYRON APIAU AUTOMATIC ENTRY SYSTEMS, LLC 12831 SW 43 DR APT 2444 MIAMI, FL 33175

SUBJECT: AUTOMATIC ENTRY SYSTEMS, LLC

Ref. Number: L20000066289

We have received your document for AUTOMATIC ENTRY SYSTEMS, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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) 245-6050.

Letter Number: 220A00008465

Shelia H Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Secti Division of Corpo				
SUBJE	CT:	Automatic E Name of Limite	NTry Systems Led Liability Company	.lC	
The enc	losed Articles of An	nendment and fee(s) are subm	nitted for filing.		
Please r	eturn all correspond	ence concerning this matter to	the following:		
		Dayn	NA PIAU Name of Person		
					•
		Automat	Firm/Compan) System	ms, Ll	C
		12331 SW 4	13 DF APT IL 242 Address	4 4	
		Minm II	33 BC		
		Dayrona E-mail address: (to	City/State and Zip Code Ca W, Gmail Co be used for future annual report notif	m OR-	Aessouth Florida & Gamail. Rom
For furt	her information con-	cerning this matter, please cal			
	Dayron A Name of Po	Pµ4∪ erson	at (<u>305</u>) <u>927 -</u> Area Code Daytime	- 8688 Telephone Number	
Enclose	ed is a check for the	following amount:			
S Ø \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our records,) UZU, -5 [M]]: The Articles of Organization for this Limited Liability Company were filed on February 28 and assigne Florida document number 22000066289. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new 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 and/or the new registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Florida City Zip Code	Automatic E	utry System.	LLC.	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	(Name of the Limited Liabil (A Florid	ity Company as it now appe a Limited Liability Company	ears on our records.) UZU	-5 AMII: 12
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A. If amending name, enter the new name of the limited liability company here: 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 register and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Plorida document number <u>L 2000066269</u>	<u>_</u> ·	·	
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida				
New Registered Office Address: Enter Florida street address , Florida		d office address on our	records, enter the nam	e of the new registo
Enter Florida street address , Florida	Name of New Registered Agent:			
, Florida	New Registered Office Address:			
		Enter Fl	orida street address	
City Zip Code			, Florida	
		City		Zip Code
			- ·	

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:

S + 1 - 4

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dayron Apiau	12831 SW 43 Dr. APT # 244 A miami, FL 33175	(MAdd
		· 	□Remove
			□Change
			🗆 Add
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			□Change
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). If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
(If an effective Note: If the	date, if other than the date of filing:
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
cord is filed.	April 30 / 2020
Dated	
	Signature of a member or authorized representative of a member
	Dayron Apiau
	Typed or printed name of signee

Filing Fee: \$25.00