

L20000376532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

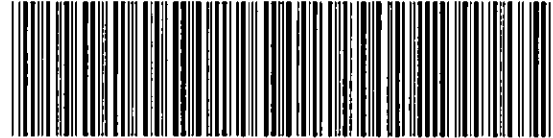
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

2023 FEB 20 PM 4:19

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 FEB 20 PM 4:04

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2/20/2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

Expert Locksmith Services, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Omri Eventsur

Name of Person

Firm/Company

13542 N. Florida Ave. Suite 211A

Address

Tampa, FL 33613

City/State and Zip Code

Omri.even.tsur@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Omri Eventsur

813

542-9005

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

EXPERT LOCKSMITH SERVICES, LLC

2023 FEB 20 PM 4:19

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on December 01, 2020 and assigned
Florida document number L20000376532

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 "L.L.C."

Enter new principal offices address, if applicable:

13542 N. Florida Ave, Suite 211A

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33613

Enter new mailing address, if applicable:

13542 N. Florida Ave, Suite 211A

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, FL 33613

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:

Omri Eventsur

New Registered Office Address:

13542 N. Florida Ave, Suite 211A

Enter Florida street address

Tampa

City

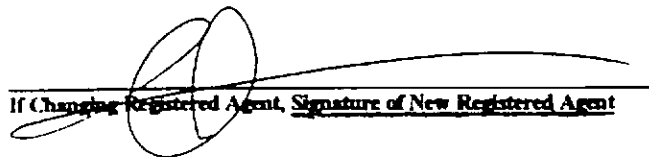
Florida 33613

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Aviran Faor		<input type="checkbox"/> Add
		2122 BRANDON PARK CIRCLE TAMPA, FL 33510	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Omri Eventsur	408 N. Howard Ave, Suite E, Tampa FL 33606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Danny Batesh	408 N. Howard Ave, Suite E, Tampa FL 33606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed;

2023

Dated _____

Signature of a member or authorized representative of a member

Aviran fuor

Typed or printed name of signer

Filing Fee: \$25.00