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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration So Division of Cor						
CLID ICA		eave it LLC					
SUBJEC	~I:	Name of Lin	ited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	emitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Cameron McPherson					
			Name of Person				
		Lock it or Leave it					
			Firm/Company				
		400 Murat Street					
			Address				
	Tallahassee, FL 32304						
			City/State and Zip Code				
		Lockitorleaveit@gmail.com			27	6)	
For furth	ner information c	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)	1 2447	21 JUN 25	
Cameroi	n McPherson		727 480-4784 at ()				
	Name o	of Person		ie Telephone Number			
Enclosed	I is a check for the	he following amount:				î.n	
■ \$2 5.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certificat Certified (additional	te of Sta Copy	tus &	
	Mailing Address Registration 5 Division of C	Section	<u>Street Address:</u> Registration Se Division of Co				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lock it or Leave it LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed or	
Florida document number <u>L21000280586</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and contain the words "Limited Liability Company.	"the designation "L.L.C." 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)	
	二
B. If amending the registered agent and/or registered office address on	our records, enter the name of the new regist
agent and/or the new registered office address here:	- TT
Name of New Registered Agent:	
	·
New Registered Office Address:	ter Florida street address
Cin	Florida Zin 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u> </u>	Address	Type of Action
AMBR	Cameron McPherson	400 Murat Street Tallahassee FL, 32304	□Add
			□Remove
			≡ Change
AMBR	Jeremey Grandison	400 Murat Street Tallahassee FL, 32304	□Add
			□Remove
			■ Change
			□Add
			Removen
			☐Change
			□Remove
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ffective date, if other than the dan effective date is listed, the date must be occurrent's effective date on the Depocument's effective date on the Depocument.	be specific and eack does not mee	unot be prior to	odate of filing ole statutory	or more than 90 filing requires	(option) days after fi nents, this c	ling.) Pur	suant to not be	605,0207 listed as
record specifies a delayed effective Lis filed.	date, but not an	effective tim	ne, at 12:01 a	.m. on the ear	lier of: (b)	The 90	th day a	fter the
ated		1:28 PM						