L21000365086

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C/ 10/3/2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Central Florida Lock and Key CCC 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:
Michael Mercurio Name of Person
Central Florida Lock and key LCC
6233 Lowery St. Lot 352
Bushnell FL. 33513 City/State and Zip Code Mike@lockdefense. CO E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Mercuric at (352) 603-0448 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee \$\sum \$30,00 Filing Fee & \$\sum \$55.00 Filing Fee & \$\sum \$60.00 Filing Fee, \$\sum \$\text{Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) 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

Central Florida Loc	k and Key	CC 2023 SEP 18 7: 28
	mpany as it now appeary on ted Liability Company)	OHT FECOTOS.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L210003650</u> 80		5/13/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	liability company here:	
1 ockdefense LL	\subset	
The new name must be distinguishable and contain the words "Limited L	iability Company," the design	nation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_WA_	
(Principal office address MUST BE A STREET ADDRESS)	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:	V/A	
New Registered Office Address:	Enter Florida .	street address
		Modela
	City	, Florida Zıp 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

Title	<u>Name</u>	Address	Type of Action
	NA	W/A	DAdd
	·		□Remove
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~	<i>N</i>
(If an el <u>Note:</u>	five date, if other than the date of filing:
t the reco	rd 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 field.
Dated	69/13/2023
	Signature of a member or authorized representative of a member
	Michael Mercurio Typed or printed name of signee