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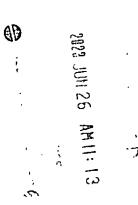
	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	(City/State/Zip/Prione #)	
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
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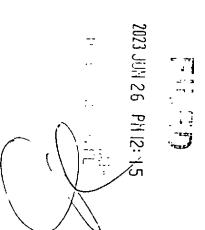
Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:G000	GUY LOCKSMITH LLC			
SUBJECT.	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub	_		
		Tal Madar		
		Name of Person		
	(GOOD GUY LOCKSMITH LLC		
		Firm/Company		
	8	3074 gate pkwy W, Apt 5315		207
		Address		2023 JUH 26
		Jacksonville, Florida, 32216		1126
		City/State and Zip Code		
	(Office@farchi-group.com		PH 12:
	E-mail address:	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		ហ
Tal Madar		at (786) 6039294		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne 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 Certificate of Certified Cop (additional copy	f Status & py
Mailing Address Registration S Division of C	Section	Street Address: Registration Se Division of Co		
P.O. Box 632		The Centre of		
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			202
GOOD	GUY LOCKSMITH LLC		±
(Name of the Limited 1. (A F	iability Company as it now app Iorida Limited Liability Compan	ears on our records.) y)	26
The Articles of Organization for this Limited Liabil	ity Company were filed on	06/15/2022	and assigned [
Florida document numberL22000272793	·		77.
This amendment is submitted to amend the following	ng:		Δ
A. If amending name, enter the new name of the	limited liability company	here:	
The new name must be distinguishable and contain the words	h Jacksonvill	elle	
The new name must be distinguishable and contain the words	"Limited Liability Company, th	ie designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable	::		
(Principal office address MUST BE A STREET A	DDRESS)		
			
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			
(Mailing address MAY BE A POST OFFICE BO)	ν		
		 .	
B. If amending the registered agent and/or regis	tered office address on ou:	r records, enter the i	name of the new registered
agent and/or the new registered office address he			
Name of New Registered Agent:			
New Registered Office Address:	<u> </u>		
	Enter 1	lorida street address	
_		Florida	
	City		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 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>	Address	Type of Action
AMBR	Courtney Rose Rowand	8074 Gate Pkwy W, Apt 4120, Jacksonville, Florida, 32216	= Add
			□Remove
			□Change
			
		· · · · · · · · · · · · · · · · · · ·	_ ☐Remove
		· · · · · · · · · · · · · · · · · · ·	Cenange
			□Remove
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ctive date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing	g or more than 90 days after filing.) Pursua	nt to 605.0207
If the date inserted in this block does not meet the applicable statutory iment's effective date on the Department of State's records.	y filing requirements, this date will no	t be listed as
ment is effective date on the preparament of state spectrus.		
ord specifies a delayed effective date, but not an effective time, at 12:01 filed.	a.m. on the earlier of: (b) The 90th	day after the
d 06/26/2023		
Signature of a member or authorized represen	stative of a member	

Typed or printed name of signee