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(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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SECRETARY OF SIATE

COVER LETTER

TO:	Registration Section Division of Corporations			
CUDIE	ct: Lock	and Roll	110	
SUBJEC	OI:	Name of Limited	Liability Company	
The encl	osed Articles of Amendment	and fee(s) are submitte	ed for filing.	
Please re	eturn all correspondence conc	erning this matter to th	ne following:	
		Edger M	aetinez	
		J	Name of Person	
	/	eck and	Name of Person Roll LLC Firm/Company	
			Firm/Company	
	120	72 Calip	M CiR	
	1.50	11 July	Address	
	Wa	eston, Fl	33327 ity/State and Zip Code	
				-
	em	SIMPATE SI (10 be	used for future annual report notification	<u>7. COM</u> m)
For furth	ner information concerning th	s matter, please call:		
<u></u>	for a least	n 07.	954 662 - 80	287.
<u> </u>	Name of Person	760	at (<u>754)</u> <u>662 - 80</u> Area Code Daytime Tele	phone Number
Enclosed	I is a check for the following	amount:		
□ \$25.		_	ě .	□ \$60.00 Filing Fee,
	Certi	ficate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:		Street Address:	
	Registration Section		Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

<u>loct</u> and R	Poll LLC
(Name of the Limites	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number <u>(22004</u> 3	bility Company were filed on $\frac{10/07/2022}{33951}$ and assigned
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new hame must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, enter the name of the new registered here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Edgar Z Martinez	1892 Salepno CIR Weston, Fl 33327	Add
			□ Remove
			☐ Change
			□Add
			□ Remove
			Change
			🗆 Add
			Remove
			□Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) Plase add EIN: 88 - 4166203
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(If an eff Note:	ive date, if other than the date of filing:
f the recor ecord is fi	d 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 ed.
Dated	October 18 2022.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee