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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	CKe & Ke/ 1-	dolongs LLC ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ondence concerning this matter to	o the following:		
	Jason C Locke & A	Name of Person  Nell Holdings LL  Firm/Company	<u></u>	
	2692 J	ohn Anderson Address	2022 OCT SECRET TALL!	Cancara J.J.
	Ormand by - the	- Sea FL 36 City/State and Zip Code	21.76 28 PH	
	Jason K. G. E-mail address: (to	odbey @ amail - com	fication) STATE OF	. 27.5.20
For further information of	concerning this matter, please ca	II:	in -	
Sason Name o	f Person	at (386) 34) - Area Code Daytime	E Telephone Number	
Enclosed is a check for t	he following amount:			
上\$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 Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Secon Division of Core The Centre of Tallahassee, FL	porations Callahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

$\cap$	OF		
Locke & Key	Holdinas	LLC	
(Name of the Limited Liability (A Florida L			

The Articles of Organization for this Limited Liability	Company were filed on <u>Ucto</u>	por 19 <sup>20</sup> , JOJJ and assigned
Florida document number <u>L220004508</u>	<u>517</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	ZOCE TO
		28
Enter new mailing address, if applicable:		Y OF PH
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	က္က ယ္
	<del></del> -	1. E
B. If amending the registered agent and/or register	red office address on our reco	rds, enter the name of the new registered
agent and/or the new registered office address here	:	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida	street address
	City	, Florida Zip Code
	City	

## 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
MGR	Jason Godbey	2692 John Anderson Dr Ormand by the Sca, PL 32176	(E/Add
	/	Ormand by the Sea, PL 32176	□Remove
			□Change
			□Add
			□Remove
			□Change
		ALLA RAY OF STALLARS FL	Add  Remove  Change  3: 0
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1110	
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more that the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.	(optional) han 90 days after filing.) Pursuant to 605.0207 quirements, this date will not be listed as
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on thord is filed.	ne earlier of: (b) The 90th day after the
Dated October 25th, 2927.	
Signature of a member or authorized representative of a	member
Malcu / h's a	

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