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(R€	equestor's Name)	
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(,	241000)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	<u> </u>

Office Use Only



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COVER LETTER

Division of Corpo	rations		
SUBJECT: S	arkeys locks	Smith llc ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
		Name of Person	
	Sharkeys	Firm/Company	
	0	Firm/Company	
	3149 CR 4	130	
		Address	
	Lave Ama	isofflee FL 33538	3
	Cake Tails	City/State and Zip Code	<u> </u>
_			<u></u>
		to be used for future annual report notif	ication)
For further information cond	cerning this matter, please ca	all:	
Wayne Sano	le rol	at (352) 425 d	3 23
Name of Po	erson		Telephone Number
Enclosed is a check for the f	ollowing amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)
Mailing Address:		Street Address:	

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

Registration Section

TO:

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

Shark	eys Locksmith LLC	<u> </u>
(Name of the Limi	ted Hiability Company as it now appears on our records.) (A Florida Limited Liability Company)	J1 RITT! U
The Articles of Organization for this Limited L	iability Company were filed on 1-29-23	and assigned
Florida document number 300400 929 66	[3	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	
Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or i agent and/or the new registered office addre	registered office address on our records, <u>enter the</u> ss here:	e name of the new register
Name of New Registered Agent:	Jodi Sandoval	
New Registered Office Address:	3149 CR 430 Enter Florida street address	
	Lake Panasoffice, Flori	da 33538
	C.,,	

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

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

MGR = Manager AMBR = Authorized Member

<u> </u>	<u>Name</u>	Address	Type of Action
mar	Jodi Sandoral	3149 CR 430	□Add
		Lake Panass (Chaft 3353	SS ☑Remove
			□ Change
MGR	Wayne Sandoval	3149 CR430	DAdd
	O	Lake Panasoffker FL 33538	□Remove
			Change
			🗆 Add
			□Remove
			Change
·			□ Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			□Change

o. II allie	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff	ve date, if other than the date of filing:
he record ord is fil	I 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	March 31 2023 Signature of a member or authorized representative of a member
	Jodi Sandrad Typed or printed name of signee