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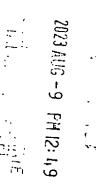
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TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

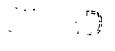
SUBJECT: Mr. UNIOCK LUC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing.
Clarence Brown Name of Person
Mr. Unlock LLC Firm/Company
7210 Manatee Ave.
Bradenton, FL 34209 City/State and Zip Code
E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:
Clarence Porown at (407) 936-4004 Area Code Daytime Telephone Number
inclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 AUG -9 PH 12: 50

Mr. Unlock U	LC_		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears Liability Comp <mark>a</mark> ny)	on our records.	ia julius
The Articles of Organization for this Limited Liability Company Florida document numberL23000195445	were filed on	03/30/2023	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>·e</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de	signation "LLC" or the abbro	rviation "L.L.C."
Enter new principal offices address, if applicable:		Manatee	
(Principal office address MUST BE A STREET ADDRESS)	_Brade	enton, FL	34209
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Manatee Inton, FL	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our red	cords, <u>enter the name</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	lu street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·		in the second
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of n provided for in Cl	ny duties, and I am fan hapter 605, F.S. Or, if	uiliar with and this document is

MGR = M $AMBR = A$	lanager authorized Member		
<u> Fitle</u>	Name	Address	Type of Action
***			□Add
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			∐Add
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			Remove

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(If an el <u>N</u> ote:	tive date, if other than the date of filing: 6 123 23 (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after (filing.) Pursuant to 605.0207 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco ord is f	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 filed.
Dated	
	Signature of a member or authorized representative of a member Kataria Boles Typed or printed name of signee

Filing Fee: \$25.00