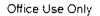
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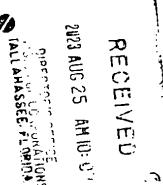
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	DUCHLESS L Name of Lim	ited Liability Company	C
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	<i>A</i>	Name of Person	N VERMA
	TOUCHLES	5 LOCKES - CON Firm/Company	1 LL-C
	366 H	Address CRE	oss incs
	TAL	City/State and Zip Code TLEADER U to be used for future annual report notif	2312
	E-mail address: (to be used for future annual report notif	<u>fa. Cp</u> M
For further information co	ncerning this matter, please ca		
NITIN Name of	VERMA Person	at (85%) 2/2 Area Code Daytime	2 - 5402 e Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Strant Address.	

4 . - 4,

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

Street Address: 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

FILED 23 AUG 25 AR D= 37

Zip Code

Name of the Limited Liability Compar (A Florida Limited L	ov as it now appears on our records: ASSES, FEORIDA
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
TOUCHLESS LOCKERS The new name must be distinguishable and contain the words "Limited Liabili	LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	366 HUNTERS (RUSSING TALLAMASSEE PL 32312
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 366 TALL	TIN VORMA YUNITERS CROSSING Enter Florida street address

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

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
			□Add
		·	□Remove
			□Change
			□Add
			□Remove
			☐ Change
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			□ Change

11 41111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an eft Note:	ive date, if other than the date of filing:
recor d 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 led.
Dated	AUCUST 45. 2023
	Signature of a member or authorized representative of a member
	1.=2.1.1
	Typed or printed name of signee

Filing Fee: \$25.00