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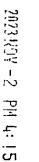
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COVER LETTER

TO: Registration Sc Division of Cor			•	
Locks on	ያ n the Docks LLC			
SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Sarah Miller		
		Name of Person		
	Lo	icks on the Docks LLC		
		Firm/Company	 	
		54 Jackson avenue		
		Address	· · · · · · · · · · · · · · · · · · ·	
	,	Valparaiso, FL, 32580		
		City/State and Zip Code		
	Lo	cksonthedocks@gmail.com		
	E-mail address: (to be used for future annual report notif	fication)	
For further information c	oncerning this matter, please c	all:		
Sara	ah Miller	., 346 、2139545		
Name of Person		at ()	e Telephone Number	
Enclosed is a check for the	he following amount:			
\$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)	
<u>M</u> ailin <u>e</u> Addres	8:	Street Address:		
Registration Section		Registration Sec	etion	
Division of Corporations		Division of Cor	•	
P.O. Box 632		The Centre of T		
Tallahaccee I	FI 37314	2415 N. Monro	e Street Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appe liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL23000400023	were filed on _	08/25/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	*		
(Principal office address MUST BE A STREET ADDRESS)			22
			73:
			(_) -::
Enter new mailing address, if applicable:			12
Mailing address MAY BE A POST OFFICE BOX)		-	
Printing Gouress PLAT BE A 1 031 OT FICE BOAT		<u> </u>	
		-	<u>u</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	uddress on our	records, enter the name	of the new regi
Name of New Registered Agent:			
New Registered Office Address:			 -
	Enter Fl	orida 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.

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. Effect	tive date, if other than the date of filing:(optional)
(If an ef	fective 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 605,020
(If an eff Note:	fective 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 605,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
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(If an eff Note: docum the record cord is fi	Tective 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 605,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records. In 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. 10/26/2023 Sarah Miller

Filing Fee: \$25.00

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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>	Name	Address	Type of Action
MR. MGR	John h Miller	54 Jackson avenue, Valparaiso, FL 32580	X Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			□Remove
			□Change
			□Add
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