## 123000417322

(Requestor's Name)
(Åddress)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2024 APR -9 AM 9: 29



## **COVER LETTER**

Tallahassee, FL 32314

	tion Sect of Corpo			
Suns	shine Loc	k and Key		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Arti	cles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all co	orrespond	dence concerning this matter	to the following:	
		Jennifer Kaufler		
			Name of Person	
			Firm/Company	
		20976 Uptown Avenue #41		
		Dogg Boton El 22129	Address	
		Boca Raton, FL 33428	City/State and Zip Code	
		jbkaufler@gmail.com	to be used for future annual report noti	fication)
For further inform	nation cor	ncerning this matter, please ca		,
	Name of I	<sup>2</sup> erson	at () Area Code Daytim	e Telephone Number
			·	·
Enclosed is a chec	k for the	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)
	Address:		<u>Street Address:</u> Registration Se	ction
_	ation Se n of Co	rporations	Division of Cor	
	ox 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Sunshine Lock and Key LLC		<u> </u>	<del>2024 APR9</del>	AM 0. 00
( <u>Name of the Limited Liah</u> (A Flor	bility Company as it no rida Limited Liability Co	w appears on our records.)	- LOLIMIN J	MIT 9: 25
The Articles of Organization for this Limited Liability			and ass	STATE igned.FL
Florida document number L23000417322				
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the li	imited liability com	pany here:		
Sunshine State Lock and Key LLC				
The new name must be distinguishable and contain the words "L	imited Liability Compa	ny." the designation "LLC" o	r the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)			
	-			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:		n our records, <u>enter th</u>	e name of the new	v registered
Traine of frew registered registre	-	<u></u>		<del></del>
New Registered Office Address:		Enter Florida street address		
	City	, Flori	daZin Code	<del></del>
	•		247 Com	
New Registered Agent's Signature, if changing Registe				
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete perform l agent as provided ered office address,	ance of my duties, and for in Chapter 605, F.:	Lam familiar wit S. Or, if this docu	h and ment is

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>	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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			□ Change

. If amending any other inform	, and the change (s) he	1	an annual, y muuduud.	<i>y</i> • <i>y</i>
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			-	
Effective date, if other than to (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	nust be specific and cannot be price block does not meet the appl	licable statutory filing	(optional) e than 90 days after tiling requirements, this date	.) Pursuant to 605.0207 (3)
the record specifies a delayed effectord is filed.	tive date, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) TI	he 90th day after the
Dated April 18	2024			
	Signatury of a methoer or aut	afler	f a member	
	Signatury of a metaner of aut	monzeogrepresentative o	i a nicilice	
Jennifer Kaufler		nted name of signee		<u></u>

. . . . . .

Filing Fee: \$25.00