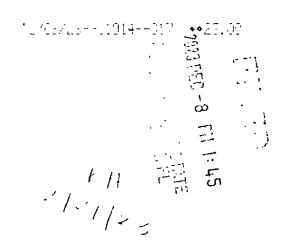
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## **COVER LETTER**

	Registration Se Division of Cor			
CHDIEC		SMITH SERVICES LLC	<i>:</i>	
SUBJECT	I:	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please rett	um all correspo	ondence concerning this matter	r to the following:	
		ALAA M AHMAD YAS	SIN	
		*	Name of Person	
		B2B LOCKSMITH SERV	VICES LLC	
			Firm/Company	
		1100 ZION DR		
			Address	
		HAINES CITY FL 33844		
			City/State and Zip Code	
		B2BLOCKSMITH22@GM	MAIL.COM	
		E-mail address:	(to be used for future annual report notification)	2023 DEC
For further	r information c	oncerning this matter, please of	call:	
YUKSEL	SENBOL		407 3103643 at ( )	က ()
	Name o	f Person	Area Code Daytime Telephone Number	三 至
F1d:	b l - 6 41	C.H		一
		ne following amount:		[7]
<b>≡</b> \$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified (	of Status &
N	lailing Addres	s:	Street Address:	
	egistration S		Registration Section	
D	ivision of C	orporations	Division of Corporations	
	.O. Box 632		The Centre of Tallahassee	_
T	allahassee, I	FL 32314	2415 N. Monroe Street, Suite 81	0

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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132.13		LV 1 D I V I	пп	OCK Y	11	1.1.1.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/11/2023}{1}$ \_\_ and assigned Florida document number <u>L23000423759</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: ALAA M AHMAD YASSIN Name of New Registered Agent: 1100 ZION DR New Registered Office Address: Enter Florida street address HAINES CITY

## 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
MGR	ALAA M AHMAD YASSIN	1100 ZION DR HAINES CITY FL 33844	🗐 Add
			□Remove
			☐ Change
			□Add
			□ Remove
			□Change
			Add PRemove
			Change Change
			□ Remove
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<u></u>			□Add
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			□ Change

JOE III
<del></del>
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