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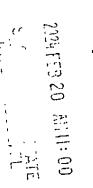
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## COVER LETTER

TO: Registration Section Division of Corporations THE LUCKY LOCKSMITH LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: YUVAL OZARKO Name of Person THE LUCKY LOCKSMITH LLC Firm/Company 281 BELGIAN DR APT 10206 Address WEST MELBOURNE, FL 32904 City/State and Zip Code Ozarkoy@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YUVAL OZARKO Name of Person Enclosed is a check for the following amount: S25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Cenified Copy (additional copy is enclosed)

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

( <u>Name of the Lim</u>	ited Liability Compa (A Florida Limited)	iny as it now appears on Liability Company)	our records.)	_	
The Articles of Organization for this Limited I Florida document number <u>L24000033718</u>	Liability Company	were filed on $\frac{01/17/2}{2}$	2024	and ass	signed
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	hty Company," the design	nation "LLC" or the abb	reviation "L	.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		281 BELGIAN DR APT 10206			
		WEST MELBOURNE , FL 32904			
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addre	registered office :	address on our recor	rds, <u>enter the name</u>	of the nev	w register
Name of New Registered Agent:	YUVAL OZA	RKO			
New Registered Office Address:	281 BELGIAN	DR APT 10206		: . ,	. 3 . 2 . 3
	Enter Florida street address				(:1 (:2
	WEST MELBO	DURNE	, Florida	)4	20
New Registered Agent's Signature, if changing	Registered Agent:			Zip Code	
I hereby accept the appointment as register provisions of all statutes relative to the pro	per and complete	performance of my		miliar wii	h a <del>n</del> d

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
		□Remove	
			□Change
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			☐ Change
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			□Change

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Effective date, if other than the date of filing: (optional)	-4
If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	o 605.0207 r listed as
	: =:
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day rd is filed.	after the
01/20/2024	•
Dated	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00

Typed or printed name of signee