

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : UNITED ACCOUNTANTS LLC  
Account Number : I20230000115  
Phone : (813)773-4973  
Fax Number : (813)440-4499

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
24LOCKSMITH LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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AUG 14 2024

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 24LOCKSMITH LLC

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:

HAMMAD A ABUSULEIMAN

Name of Person

Firm/Company

1725 N 50TH ST

Address

TAMPA, FL 33619

City/State and Zip Code

HAMMAD.ABUSULEIMAN@ICLOUD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAMMAD A ABUSULEIMAN

239

266-4778

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check 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)

**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

If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**


**AMBR = Authorized Member**

Title	Name	Address	Type of Action
AMBR	HAMMAD A ABUSULEIMAN	1725 N 50TH ST TAMPA, FL 33619	AddRemoveChangeAddRemoveChangeAddRemoveChangeAddRemoveChangeAddRemoveChange

[illegible]

(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 605.0207 (3)(b)

If the record 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 record is filed.

  
Signature of a member or authorized representative of a member

Hammad A. Abu Sul'aiman  
Typed or printed name of signee

**Filing Fee: \$25.00**