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COVER LETTER

Divi	sion of Cor	porations		;
SUBJECT:	LOCKSMI	TH EXPRESS MK LLC		
SUBJECT		Name of Limi	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		MAHMOUD ALKWAKN	ЕН	
			Name of Person	 _
	Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: MAHMOUD ALKWAKNEH Name of Person LOCKSMITH EXPRESS MK LLC Finn/Company 2304 BOTTEGA LN Apt 301 Address BRANDON, FL 33511 City/State and Zip Code locksmithexpressmk@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: JD ALKWAKNEH 813 668-6155 Name of Person Area Code Daytime Telephone Number			
			Finn/Company	
		2304 BOTTEGA LN Api 3	01	
			Address	
		BRANDON, FL 33511		
				ication)
For further in	formation co			
MAHMOUD	ALKWAK	NEH	-	
Name of Person		Area Code Daytime	Telephone Number	
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy
	ling Addres		Street Address: Registration Sec	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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**

LOCKSMITH EXPRESS MK LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{04}{100}$	/19/2024 and assigned
Horida document number L24000184880	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	ere:
he new name must be distinguishable and contain the words "Limited Liability Company," the d	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	T
	6 5 En
Enter new mailing address, if applicable:	ST 5.
Mailing address MAY BE A POST OFFICE BOX)	5 6
	· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered office address on our r gent and/or the new registered office address here:	ecords, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Flor	rida street address
	, Florida
City	, FIOFIGA Zip Code

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
AMBR	MAHMOUD ALKWAKNEH	2304 BOTTEGA LN Apt 301, BRANDON, FL 3351	l ≘ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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Note: It the date inserte	r than the date of filithen the date must be specific and in this block does not the on the Department of	meet the applicable :	e of filing or more than statutory filing requi	(optional) 90 days after filing.) Pursu rements, this date will r	ant to 605.0207 tot be listed as
e record specifies a delayed is filed.	yed effective date, but no	ot an effective time, a	at 12:01 a.m. on the	earlier of: (b) The 90th	n day after the
Os/01/2024		1/			
	Mind				
4	Signaturi of	nember or authorized	representative of a m	ember	

Filing Fee: \$25.00