## 

Office Use Only



700433800407

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CARVERS CONSTRUCTION LCC  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:
Nicholas Lone Court Name of Person
Firm/Company
1244 Rolling Ln
Casselberry & 32Po) City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ni Cholas (avec at 371) 439 - 5776  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

TO:

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

CARVERS CONSTRUCTION LCC

(Name of the Limited Liability Compa	ny as it now apprar jability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1/4000270854	were filed on 0	5/14/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
Onlock Security LLC			
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the d	esignation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	-1+	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
is routed office duties, most be A STREET ADDITION			
T			•
Enter new mailing address, if applicable:	A CONTRACTOR	<del>'                                    </del>	,
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r	ecords, enter the nam	e of the new registered
Name of New Registered Agent:		<del>- "</del>	<del> </del>
New Registered Office Address:	Enter Floi	rida street address	· · · ·
, , , , , , , , , , , , , , , , , , ,		, Florida	
no -	Cin	, 101144	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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 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
			□Remove
		_	
			□Remove
			□Change
<u> </u>			
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Effective date, if other than the date of filing:  [In 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 605.02 Note: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The coord 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 dis filed.  Dated Moundard 12th. 2074.	Plea	SC Change Email adds + SS On File to'.  On LOCKLICFL & Grail Com
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Filing Fee: \$25.00