L24000230487

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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| and trop | | e Locksmith LLC | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclosed | d Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | n all correspo | ndence concerning this matter | to the following: | |
| | | Roi Turgeman | | |
| | | | Name of Person | |
| | | Rotmar Group Inc | | |
| | | | Firm/Company | |
| | | 701 Brickell Ave Suite #1: | 550 | |
| Address | | | | |
| | | Miami, FL 33131 | | |
| | | | City/State and Zip Code | |
| | | Roi@rotmargrp.com | | |
| | | E-mail address: (| to be used for future annual report noti | lication) |
| For further i | nformation c | oncerning this matter, please co | all: | |
| Roi Turgen | nan | | 646 705-6475 | |
| | Name o | f Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is | a check for th | ne following amount: | | |
| □ \$25.00 ° | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S \$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 | | - | Registration Section | |
| Division of Corporations P.O. Box 6327 | | Division of Corporations The Centre of Tallahassee | | |
| | llahassee, I | | | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SLC Mobile Locksmith LLC

2024 NOV -1 PM 12: 55

| any as it now appears on our records.) | | |
|--|---|--|
| Liability Company) | TÄLLÄHASSEE, FLÖR | |
| e were filed on 05/17/2024 | and assigned | |
| , 1010 11100 011 | und usergreed | |
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| hility company here: | | |
| mer company nere. | | |
| ility Company," the designation "LLC" of | r the abbreviation "L.L.C." | |
| 260 Belgian Dr Apartment 8210 West Melbourne, FL 32904 | | |
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| 260 Belgian Dr Apartment 8210 | | |
| West Melbourne, FL 32904 | | |
| | | |
| address on our records, enter the | name of the new registered | |
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| Enter Florida street uddress | | |
| | ia | |
| City | Zip Code | |
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| | West Melbourne, FL 32904 260 Belgian Dr Apartment 8210 West Melbourne, FL 32904 address on our records, enter the Enter Florida street address City Florida | |

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 |
|--------------|-------------|-------------|----------------|
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| Effective date, if other than the date of filing: (optional) fan 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 locument's effective date on the Department of State's records. | n — 5 605 |

Filing Fee: \$25.00