

L24000303254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONTHEGOLOCKSMITHING 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:

ETHAN ZACHARY CHILDRESS

Name of Person

ONTHEGOLOCKSMITHING

Firm/Company

32563 Kobuk Valley

Avenue Address

Wesley Chapel, Florida, 33543

City/State and Zip Code

onthegolocksmithing@gmail.com

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

For further information concerning this matter, please call:

Ethan Z Childress

Name of Person

(813)-

Area Code

482-5830

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:

Street Address:

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

ONTHEGOLOCKSMITHING LLC

(Name of the Limited Liability Company as it now appears on our records.) (A

Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/08/2024 and assigned Florida document number 24000303254.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

32563 Kobuk Valley Avenue, Wesley Chapel Florida 33543

Enter new mailing address, if applicable: 32563 Kobuk Valley Avenue, Wesley Chapel Florida 33543

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

32563 KOBUK VALLEY AVENUE

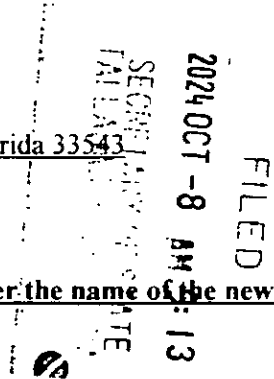
Enter Florida street address

Zip Code 33543

WESLEY CHAPEL, Florida

New Registered Agent's Signature, if changing Registered Agent:

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>	<u>Address</u>	<u>Type of Action</u>
CEO. _____	Ethan Z. Childress _____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		32563 Kobuk Valley Ave, Wesley Chapel, FL 33543. _____	<input checked="" type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____

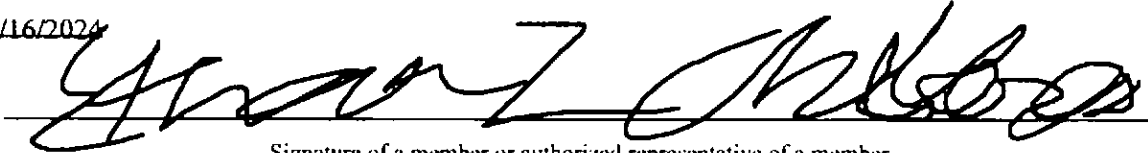
(optional)

(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated: 09/16/2024

A handwritten signature in black ink, appearing to read 'Ethan Z Childress', written over a horizontal line.

Signature of a member or authorized representative of a member

Ethan Zachary Childress

ETHAN ZACHARY CHILDRESS

Typed or printed name of signee

Filing Fee: \$25.00