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TALLAHASSEE, FLORIDA

2024 NOV -5 AM 8: 20

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Cor			
SUBJEC		Near Me 321 LLC		
SOBJEC	-1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Noa Hen		
			Name of Person	
		DedicatedCPA		
			Firm/Company	
		7520 NW 5th st Ste 103		
			Address	
		Plantation Fl 33324		
			City/State and Zip Code	
		Ariel@dedicatedcpa.com		·
			to be used for future annual report notificat	ion)
For furth	er information c	oncerning this matter, please ca	all;	
And	Name of		at (305) 423-99 Area Code Daytime Te	93 (ex l. 110) lephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25 .9	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Sectio	n
	Division of C		Division of Corpor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED 2024 NOV -5 AM 8: 20

Locksmith Near Me 321 LLC

(Name of the Limited Liability Compan (A Florida Limited Lia	y as It now appears on our recability Company)	TALLAHASSEE ENAME
The Articles of Organization for this Limited Liability Company v Florida document number L24000378392		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	_ 	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
TANKE OF THE POST		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, ovided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is

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>	Type of Action
MGR	Amit Gale-Katz	887 Gazebo Cir	□ Add
		Apt 6102	■Remove
		West Melbourne Fl 32904	☐Change
MGR	Or Aflalo	4600 Roswell Rd	□Add
		Apt 437	=
		Atlanta GA 30342	
			□Add
			□Remove
			Change
			□ Add
	·		☐ Remove
			☐ Change
			□ Remove
			Change
	******		□Add
			□Remove
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			20 RIDA
	be specific and cannot be prior to date of ock does not meet the applicable state	f filing or more than 90 days aft	
ecord specifies a delayed effective is filed.	e date, but not an effective time, at 1	2:01 a.m. on the earlier of: ((b) The 90th day after t
ted October 21st	2024		
. 9. 44	lle_		
(HE)	Signature of a member or authorized rep		

Filing Fee: \$25.00