L25000095034

(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:

missings pgs-

Ra must sign

fill out last p.

Office Use Only

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mel 10-6-25

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2025

PAULINE CAMPBELL
1620 BARTRAM RD APT 6108
JACKSONVILLE, FL 32207 US

SUBJECT: NATSLOCS LLC
Ref. Number: L25000095034

We have received your document for NATSLOCS LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ensure all pages are corrected. The new registered agent must sign to accept delegation. Please ensure the last page of the amendment filled appropriately. The last page must be dated, and the authorized representative must sign and print their name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 825A00017721

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RECEIVED
SEP 29 2025
L
By

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** NATSLOCS 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:

Pauline Campbell
Name of Person

NATSLOCS LLC
Firm/Company

1628 San Marco Blvd
Address

Jacksonville Florida 32207
City/State and Zip Code

Pauline61924@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pauline Campbell at (904) 846-4714
Name of Person Area Code Daytime Telephone Number

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

**Street Address:**
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

NATSLOCS 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 02/24/2025 and assigned Florida document number L25000050534.

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)***

1628 San Marco Blvd
Jacksonville
Florida 32207

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

1620 Bartram Rd Apt 6107
Jacksonville
Florida 32207

2025 SEP 29 AM 11:

**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: Pauline Campbell

New Registered Office Address: 1628 San Marco Blvd
*Enter Florida street address*

Jacksonville, Florida 32207
*City* *Zip Code*

**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.*

Paul Campbell
**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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| | | _____ | ☐Change |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| | | _____ | ☐Change |
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| | | _____ | ☐Change |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| | | _____ | ☐Change |

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

2025 SEP 29 AM 11:11

**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 September 15. 2025.

Paula Campbell

Signature of a member or authorized representative of a member

Paulina Campbell

Typed or printed name of signee

**Filing Fee: $25.00**