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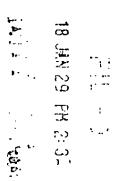
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

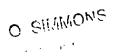
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COVER LETTER

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

^					
PRONTO FIX 2 LLC (Name of the Limited Liability Compa (A Florida Limited I	P. C.				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)				
(
The Articles of Organization for this Limited Liability Company	were filed on 1 1 2 2 and assigned				
(Name of the Limited Liability Companied I. (A Florida Limited I. (A Florida Limited I. The Articles of Organization for this Limited Liability Company Florida document number 143000 4999.	, , , , , , , , , , , , , , , , , , ,				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company here:				
Christian A Gonzalf 2 Force The new name must be distinguishable and contain the words "Limited Liabil	thue_				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	105 E. SUN RISE BLVD.				
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDIR DALE, FL				
	33304				
Enter new mailing address, if applicable:	105 E. BUNFISE BLVD. FORTLANDER PALE, FL				
(Mailing address MAY BE A POST OFFICE BOX)	FORTLANDER PALE FL				
	33384				
	3				
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the new				
registered agent and/or the new registered office address here	2				
20 /	/ / // /				
Name of New Registered Agent: (/h/)	E. SUN RISE BUYD Enter Florida street address				
New Registered Office Address: 105 a	E. SON RICE BLVD				
Factla	UERDALE Florida BBBOH Zip Code				
<u> 100</u>	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.

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 CLESTO CLISTY DachENSK _☐ Remove ☐ Change istante Guerier 2021 Plunkett Ď£∕Add ☐ Remove ☐ Remove □ Change ∪ □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove

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(If an effecti <u>Note:</u> If t	date, if other ive date is listed the date inser t's effective d	l, the date must ted in this blo	be specific a ck does no	and cannot l t meet the	be prior to applicable	date of filing	or more than	(option 90 days after rements, this	filing.) Pursua	nt to 605.020 t be listed a
the recor	d specifies	a delaved	effective	date h	ut not a	ın effect	ive time	at 12:01 s	m on the	a partier e
) The 90	Oth day aft	er the reco	rd is file	d.	di noi e	in enect	ive unie, i	36 12.01 6	a.m. On the	e earner c
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Dated		+ 		1/0		}	/} Ienal	~		
			Signature of	a member	or authoriz	ed represen	tative of a me	mber		
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Page 3 of 3

Filing Fee: \$25.00