

214000089665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

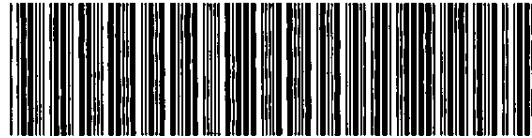
(Business Entity Name)

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TALLAHASSEE, FLORIDA

AUG 25 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fixemz Tech Support, 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:

Robert Hall
Name of Person
Fixemz Tech Support, LLC
Firm/Company
4863 Willow Drive
Address
Boca Raton, FL 33487
City/State and Zip Code
ciara@moodyaccounting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ciara Garcia at (**954**) **423-3577**
Name of Person Area Code 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)

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 TALLAHASSEE, FLORIDA
 STATE ARCHIVE

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

If amending the Managers' or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Brian Dubbs	701 South Swinton Avenue	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33444	<input type="checkbox"/> Remove
		<i>Brian Dubbs</i>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other informat enter change(s) here: (Attach additional s. s, if necessary.)

E. Effective date, if other than the date of filing. _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 10 , 2014



Signature of a member or authorized representative of a member

Robert Hall

Typed or printed name of signee

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SECRETARY OF STATE
TREASURY OF FLORIDA

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