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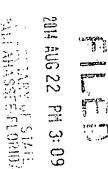
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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D. BRUG=

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

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

ciara@moodyaccounting.com

For further information concerning this matter, please call:

C	ıar	a (ja	rci	a

,,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)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fixemz Tech Support, LLC		
(Name of the Limited I. (A l	jability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L14000089005</u>	lity Company were filed on June 3, 2014	_ and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the</u> e address here:	e name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	6
-	, Florida	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:	
provisions of all statutes relative to the proper of accept the obligations of my position as register	igent and agree to act in this capacity. I further agree and complete performance of my duties, and I am far red agent as provided for in Chapter 605, F.S. Or, if issered office address, I hereby confirm that the limit ange.	e to comply with the niliar with and have this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Auth ed Member on our records, enter the title me, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Brian Dubbs	701 South Swinton Avenue	e ■ Add
		Delray Beach, FL 33444	1 □ Remove
		Delray Beach, FL 33444	_
			□ Remove
			🗆 Add
			□ Remove
			Add
			Remove
			D Add CO
			PH 3: 09
			Remove

.,		
g. ate of receipt or filed date nt of State)	and cannot be more th	(optional) han 90 days after
2014		
16/n)		
	months (automics) re	a member of authorized representative of a men

Page 3 of 3

Filing Fee: \$25.00

