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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: My Fix Store L.L.C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Jamle Kirby Name of Person
Firm/Company
113 South Manue Street
Tallahassee F1 32301 City/State and Zip Code
My Fivotore II Compail com E-mail address: (to be used for future agricult report notification)
For further information concerning this matter, please call:
Name of Person at 850 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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.

My Fix Store 1	1C
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1100015189.2	were filed on $8 \cdot 10 \cdot 10$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	113 South Monroe ot.
(Principal office address MUST BE A STREET ADDRESS)	1st Floor
	Tall F 32301 =
Enter new mailing address, if applicable:	113 South Monroe Sta
(Mailing address MAY BE A POST OFFICE BOX)	107 Flor 2 8
	Tall, F1 51301 00 3
·	
B. 1: rejecting the registered agent and/or registered of	
registered agent and/or the new registered office address here	<u>e:</u>
Name of New Registered Agent:	ie Kirbi
New Registered Office Address: [13	South Monne St. 15t fl. Enter Florida street address
Tal	latasse , Florida 3230)
	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.

> Changing Registe ent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AP_	Theodore Noch	1139. Monroe of 1st	Fl 🗆 Add
		Tall, F1 32301	Remove
	•	· · · · · · · · · · · · · · · · · · ·	Change
MAR	Jamie Kirby	113 South Monroe St	·
		1st Floor	□ Remove
		Tall F1 32301	Change
			Add
	, ,		□ Remove
	•		Change
	·		D Add
			Remove
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ffective date, if other than the date of filing: (optional)	•

Page 3 of 3

Filing Fee: \$25.00