L20000169495

(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:

Office Use Only



700348854297

07/24/20--01041--011 **30.00

RECENCED

JUL 2 1 2020

DEPARTMENT OF STAF DIVISION OF CORPON/STATE TALLAMASSEE, FLORISA

2920 JUL 21 PM 6: 38

SEP 03 2020 S. YOUNG

COVER LETTER

Division of Cor			•		
FOOT FIXI	PRILLC				
SUBJECT:		ited Liability Company			
	Nume of Lim	ded Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	BRIELLE ROGGOW				
		Name of Person			
		Firm Company			
	5902 TANEYTOWN ST				
		Address			
	NORTH PORT, FL 3429	I			
		City/State and Zip Code			
•	roggow.brielle@gmail.com				
		to be used for future annual report no	Effection)		
For further information c	oncerning this matter, please c	au:			
sydney young		941 800-2424			
Name o	r Person	at () Area Code Day:n	me Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	S30.00 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		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Or	'	يبم
		TILE 21
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	s as it now appears on our records.) ability (company)	麗2 所
The Articles of Organization for this Limited Liability Company w	vere filed onIUNE 18, 2020	maldrassi Bed
Florida document number L20000169495		6: 38 6: 38
This amendment is submitted to amend the following:		એંડ્રિલ 🙃
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or t	he abbreviation "E. L. C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>,</u> .
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	idress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
 ,	, Florid:	a
	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
Thereby accept the appointment as registered agent and agree	e to act in this capacity. I further	r 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. Thereby 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	BRIELLE I. ROGGOW	5902 TANEYTOWN ST	
		NORTH PORT FL 34291	
			■ Change
AMBR	JOSHUA T THURMER	5902 TANEYTOWN ST	
		NORTH PORT FL 34291	
			■ Change
			□Remove
		<u></u>	⊡Chunge
			□Remove
			□Change
			CAdd
			□Remove
			[]Change
			□Remove
			<i>(</i>) () () ()

			- · · · · ·		
			· 		
				 	
				,	
fective date if other	than the date of filing:			(ontional)	
ote: If the date inserted	than the date of filing: ie date must be specific and can in this block does not meet on the Department of State	the applicable statuto	ing or more than 90 day iry filing requirement	s after filing.) Pursuant is, this date will not b	to 605 0207 ie listed as
ecord specifies a delayers filed.	rd effective date, but not an e	effective time, at 12:0	I a m, on the earlier	of; (b) The 90th day	y after the
ated					
	Signature of a mem	ber or authorized repres	entative of a member		_ -
BRIELLE L R	OGGOW				
		sed or printed name of s	dence		