

172000278951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

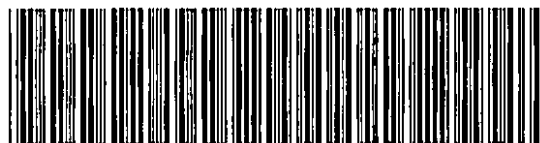
(Business Entity Name)

(Document Number)

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07/12/22--01017--006 **30.00

SECRETARY OF STATE

2022 JUL 12 AM 9:48

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I Fix Your Hole L.L.C.
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:

Jorge Cante
Name of Person

I Fix Your Hole L.L.C.
Firm/Company

5069 Jack Brack Rd.
Address

Saint Cloud FL, 34771
City/State and Zip Code

Icanfixconstructionfl@gmail.com
E-mail address: (to be used for future annual report notification)

RECEIVED
2022 JUL 12 AM 9:18
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Jorge Cante at (813) 652-5399
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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

I Fix Your Hole L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6-18-22 and assigned Florida document number L22000278951.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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2022 JUN 12 AM 9:18
REG. CLERK, MIAMI OFFICE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jorge Cante

New Registered Office Address:

5069 Jack Brack Rd. St. Cloud Fl,
Enter Florida street address

St. Cloud

City

Florida

34771

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.

JORGE CANTE

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

MGR Jorge Cante 5069 Jack Brack Rd. St. Cloud Fl, 34771 Add
 Remove

MGR Marisel Hernandez 5069 Jack Brack Rd. Saint Cloud Fl 34771 Add
 Remove

AMBR Marisel Hernandez 5069 Jack Brack Rd. St. Cloud Fl, 34771 Add
 Remove

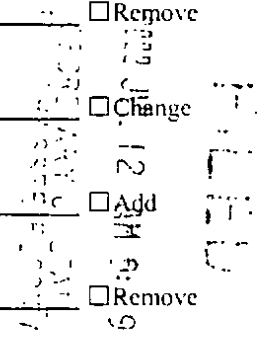
_____ _____ _____ Change
 Add

_____ _____ _____ Remove
 Change

_____ _____ _____ Add
 Remove

_____ _____ _____ Change
 Add

_____ _____ _____ Remove
 Change



D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2022 JUN 12 AM 9:49
SIOUX FALLS SD
STATE OF SOUTH DAKOTA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 07-07-22

JORGE CANTE

Signature of a member or authorized representative of a member

Jorge Cante

Typed or printed name of signee