## L18000284743

(Rec	questor's Name)	
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

	Registration Se Division of Cor			
CUD IE/		Listings LLC		
SUBJEC	· I	Name of Limi	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Monique Jemini		
		Fixed Fee Listings LLC	Name of Person	<del></del>
		6570 Via Regina	Firm/Company	
		Boca Raton, Florida 33433	Address	
		moniquejemini@gmail.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual repor	t notification)
For furth	ner information c	oncerning this matter, please ca	all:	
Monique	e Jernini		561 558-47	
	Name o	f Person	at () Area Code D	aytime Telephone Number
Enclosed	d is a check for t	he following amount:		
<b>■ \$2</b> 5.	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)
	MAIL	ING ADDRESS:	STREET/CO	OURIER ADDRESS:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2019 FEB - 1 PH 5: 16

Fixed Fee Listings LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L18000284743 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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.

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Monique Jemini	6570 Via Regina, Boca Raton, Florida 33433	
			■ Remove
			□ Add
			□ Remove
		<del></del>	Change
			DAdd
			☐ Remove
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			☐ Remove
			☐ Change

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lf an effe <u>Note:</u>	ve date, if other than the date of filing:
ne rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated _	<del></del> .
	1/23/2010
	Signature of a member or authorized representative of a member 1/23/2019

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Filing Fee: \$25.00