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2022 MAR 17 PM 3:03

2022 MAR 17 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

A. BUTLER

MAR 17 2022

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Innovative Fix, 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:

Hugh D. Hurst

\_\_\_\_\_  
Name of Person

Innovative Fix, LLC

\_\_\_\_\_  
Firm/Company

1300 Pine Prairie Road

\_\_\_\_\_  
Address

Sarasota, FL 34240

\_\_\_\_\_  
City/State and Zip Code

khurst2@gmail.com

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

For further information concerning this matter, please call:

Kwantrice G. Hurst

941

341-9571

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**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>	<u>Type of Action</u>
AMBR	Jigneshkumar D Patel	5804 Lightpost Dr. Columbia, MO 65201	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dineshkumar P Patel	5804 Lightpost Dr. Columbia, MO 65201	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ketan R Patel	1299 Cypress Point Dr. O'Fallon MO 63366	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Hardik V Patel	12850 Thornhill Ct. St Louis MO 63131	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Homer Gary	5841 S Magnolia Ave. Ocala FL 34471	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Crystal Bowman	22595 N Hwy 441, Micranopy, FL 32401	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

See Amendmentpage2.pdf for additional member adds - Matthew Bowman and Columbus Smith

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)

**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

3/16/2022

Signature of a member or authorized representative of a member

HUGH D. HURST

Typed or printed name of signee

Filing Fee: \$25.00