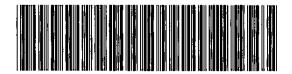
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Office Use Only



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# **COVER LETTER**

TO: Registration Se Division of Cor		A CONTRACTOR	*
SUBJECT:	APIDFIX A	LLC	,
		ited Liability Company	***
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
•	·	J	
	Johanne	s C. Dikhu	'u
		Name of Person	(23.7)
	,	Rapidfix LLC  Firm/Company	
		Firm/Company	<del> </del>
	/1 -7 II /	DI. 4	
	127 Harbor	Address	
	0 4		
	Vestin	FL 32541 City/State and Zip Code	<del></del>
	Corporat	te @ rapid fix repair to be used for future annual report not	i.com
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
T. T	Vikhoia.	w 850 x 803	357 <b>9</b>
Name o	f Person	at ( <u><b>850</b></u> ) <u><b>803</b></u> Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
₽X \$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/COURIER ADDRESS:

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

# TO ARTICLES OF ORGANIZATION OF

SECRETARY OF TALE DIVISION OF CORTOTATIONS

0 A A > == 1.		15 APR -2 AMII: 20
(Name of the Limited Liability Compa	iny as it now appears on our records. Liability Company)	15 AFR 2
(A Florida Limited )	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{3}{24}$	and assigned
Florida document number <u>/ 11 0000 35827</u> .	' /	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Liab		
Enter new principal offices address, if applicable:	127 Harbor Blu	d
(Principal office address MUST BE A STREET ADDRESS)	18 Destin FL 32	
	Destin FL 32	1541
Enter new mailing address, if applicable:	127 Harbon Bl	vd
(Mailing address MAY BE A POST OFFICE BOX)	127 Hurbon Bl 18 Destin FL 3	· •
•	Destin FL 3	2541
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida Zip Code
	City	Lip 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.

If Changing Registered Agent, Signature of New Registered Agent

# Authorized Member being added or removed from our records:

MGR = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	Name :	Address	Type of Action
MGRM	Brawner, Matthew T	208 Warrior St.	
		208 Warrior St. Crestview FL 32539	<b>IX</b> Remove
CFO	Pittman, John H	5255 Mount Olive RD	
		5255 Mount Olive RD Cratvicu #1 32539	<b>⊠</b> Remove
<del> </del>			
			□ Remove
			□ Add
			□ Remove
		<del> </del>	□ Remove
			Add
			□ Remove

•	· · · · · · · · · · · · · · · · · · ·	<u> </u>		SED NUMBIC	THE CORPORATION
				15 A	PR -2 AM 11: 20
	• .				
			2		
he effective	e date must be speci	nan the date of filing ific, cannot be prior to dat by the Florida Departmen	e of receipt or filed date	and cannot be more	(optional) than 90 days after
he effective he date this	e date must be speci	tan the date of filing iffe, cannot be prior to date by the Florida Departmen	e of receipt or filed date	and cannot be more	(optional) than 90 days after
he effective	e date must be speci	ific, cannot be prior to dat by the Florida Departmen	e of receipt or filed date t of State)	٠.	than 90 days after

Page 3 of 3

Filing Fee: \$25.00