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To an

## **COVER LETTER**

FIXITUP 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:  ROBIN PLATZER  Name of Person  THE TAX HANDLERS  Firm/Company  4509 BEE RIDGE RD UNIT D  Address  SARASOTA FLORIDA 34233  City/State and Zip Code robin@thetazhandlers.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Robin Platzer  941 377-6797  Name of Person  Daytime Telephone Number	
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Name of Person Area Code Daytime Telephone Number	_
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

fixitup lle		
(Name of the Limited Liat (A Flor	ollity Company as it now appears on ou ida Limited Liability Company)	r records.)
he Articles of Organization for this Limited Liability	Company were filed on 06/14/201	and assigned
orida document number <u>U3000086337</u>	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	mited liability company here:	
/a		
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	n/a	2029 SEC
Principal office address MUST BE A STREET ADI	ORESS)	ALE HA
nter new mailing address, if applicable:	n/a	ASSECTION OF STREET
Mailing address MAY BE A POST OFFICE BOX)		-T
8. If amending the registered agent and/or register gent and/or the new registered office address here  Name of New Registered Agent:  n/a	ed office address on our records, :	enter the name of the new regist
New Registered Office Address:		
New Registered Office Address.	Enter Florida stree	t address
		, Florida
<del></del>	City	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.

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>	Address	Type of Action
AMBR	SHANE ROBERT BLANCHARD	3005 LINWOOD DRIVE	
		SARASOTA FLORIDA 34232	■Remove
			□Change
AMBR	WADE ALLEN BLANCHARD	3005 LINWOOD DRIVE	□Add
		SARASOTA FLORIDA 34232	=Remove
		<del></del>	□Change
			SECRETARY OF STATE
			Remove
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in effective date is	f other than the s listed, the date mus inserted in this blo	t be specific and	cannot be prior t	o date of filing	or more than	(opti 90 days after	onar) : filing.) Purs	suant to	605.020
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