

L13000 178399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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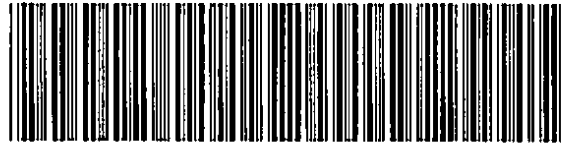
(Business Entity Name)

(Document Number)

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SECTION 6  
TALLAHASSEE, FL

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FLOORS AND FIXES 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:

LEONARD J CIMADOR

Name of Person

FLOORS AND FIXES LLC

Firm/Company

31265 PARK RIDGE DRIVE

Address

BROOKSVILLE, FLORIDA 34602

City/State and Zip Code

FLOORSANDFIXES@GMAIL.COM

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

For further information concerning this matter, please call:

LEONARD J CIMADOR

Name of Person

at (813) 453-1056

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**

FLOORS AND FIXES LLC

(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 12/31/2019 assigned  
Florida document number L13000178399

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)**

31265 PARK RIDGE DRIVE

BROOKSVILLE, FLORIDA 34602

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

31265 PARK RIDGE DRIVE

BROOKSVILLE, FLORIDA 34602

**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: LEONARD J CIMADOR

New Registered Office Address: 31265 PARK RIDGE DRIVE

*Enter Florida street address*

BROOKSVILLE, Florida 34602

*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>       | <u>Address</u>             | <u>Type of Action</u>                      |
|--------------|-------------------|----------------------------|--|
| MGR          | LEONARD J CIMADOR | 31265 PARK RIDGE DRIVE     | <input type="checkbox"/> Add               |
|              |                   | BROOKSVILLE, FLORIDA 34602 | <input type="checkbox"/> Remove            |
|              |                   |                            | <input checked="" type="checkbox"/> Change |
| MGR          | JOE CIMADOR       | 31265 PARK RIDGE DRIVE     | <input type="checkbox"/> Add               |
|              |                   | BROOKSVILLE, FLORIDA 34602 | <input checked="" type="checkbox"/> Remove |
|              |                   |                            | <input type="checkbox"/> Change            |
|              |                   |                            | <input type="checkbox"/> Add               |
|              |                   |                            | <input type="checkbox"/> Remove            |
|              |                   |                            | <input type="checkbox"/> Change            |
|              |                   |                            | <input type="checkbox"/> Add               |
|              |                   |                            | <input type="checkbox"/> Remove            |
|              |                   |                            | <input type="checkbox"/> Change            |
|              |                   |                            | <input type="checkbox"/> Add               |
|              |                   |                            | <input type="checkbox"/> Remove            |
|              |                   |                            | <input type="checkbox"/> Change            |
|              |                   |                            | <input 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.)**

I AM UPDATING MY INFORMATION, ADDING MY FULL NAME ON MY FILE.

REMOVING P.O. BOX AS WELL. UPDATING TO MAILING ADDRESS

This is Not A New LLC.

This is AN update with current information -

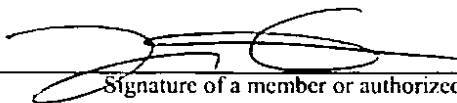
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 MARCH 17, 2020.



Signature of a member or authorized representative of a member

Leonard J. Cimador

Typed or printed name of signee