

L14000113479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRET
TALLAHASSEE, FLORIDA

APPROVED
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: U-Click-We-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:

Kristina Murphy
Name of Person
U-Click-We-Fix LLC
Firm/Company
561 Lindsey AWE Ct.
Address
PLANT City Florida 33563
City/State and Zip Code
kmurphy@uclickwefix.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristina Murphy at (727) 687-3721
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

14 AUG 25 PM 1:32
STATE OF FLORIDA
TALLAHASSEE

24440742
6160

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

U-Click-We-Fix LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECTION 605
TALLAHASSEE, FLORIDA

14 AUG 25 PM 1:32

ATTACHED
2014
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The Articles of Organization for this Limited Liability Company were filed on 7/18/2014 and assigned
Florida document number L14000113479.

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 end with 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:

4034 W Kennedy Blvd

Enter Florida street address

Tampa

City

Florida

33609

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

MGR = Manager
AMBR = Authorized Member

<u>AmBER</u>	<u>Patrick Roy Murphy</u>	<u>4721 Spring Creek Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Bonita Springs FL 34134</u>	<input type="checkbox"/> Remove

☒ Add
☐ Remove
☐ Add

24

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 20, 2014.

Kristina N. Murphy
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kristina Nicole Murphy
Typed or printed name of signee

Typed or printed name of signee

7000A

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