L15000075464

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Boodine in National)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
5
· /
1/2

Office Use Only



300354045213

10/26/20--01032--022 **35.00

7 C 21 PT [2:15

f mul

JAN 2 6 2021 LALBRITTON

COVER LETTER

TO: Registration Section of Corp.		0	
SUBJECT:	Fonte	Fixit Constr	oction LCC
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for tiling.	
Please return all correspon-	dence concerning this matter	to the following:	
		Ariel Fon	le
	Fon	Name of Person Fix + ONS Firm/Company	truction LCC
		1 SW 16th St	
			Florida 333/7
	E-mail address: (elfonte@msn.	COM
For further information con	neerning this matter, please c	all:	
Maribe Name of	1 Fonte	at (<u>454</u>) <u>557</u> Area Code Daytimo	2 – CO 5 <u>1</u> e Telephone Number
Enclosed is a check for the	following amount:		
\$2,525.00 Filing Fee	330.00 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 So	ection	<u>Street Address:</u> Registration Sec Division of Cor	
Division of Co P.O. Box 6327	•	The Centre of T	•

Tallahassee, Fl. 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



green to the

Letter Number: 620A00024404

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2020

ARIEL FONTE 4811 SW 18TH STREET FORT LAUDERDALE, FL 33317

SUBJECT: FONTE FIXIT CONSTRUCTION, LLC

Ref. Number: L15000075464

We have received your document for FONTE FIXIT CONSTRUCTION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

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

Fonte Fixit Construction LCC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04-29-20	Sand assigned
Florida document number <u>L15000075464</u>		
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited liab	oility company here:	٠
NA		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	previation "LtL.C."
Enter new principal offices address, if applicable:	Same	· • ,
(Principal office address MUST BE A STREET ADDRESS)		
		-5
	\sim	?: \2: \s
Enter new mailing address, if applicable:	Dame	= = = = = = = = = = = = = = = = = = = =
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:	Transpersone	
New Registered Office Address:	Forter Florida street address	<u>e F</u>
	Fort Lauderdale Florida	335 7 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
VPres	Maribel Fonk	48115W18thStreet	·_ (f add
		48115W18thStreet Fort Lauderdale, FL 333	∏ □Remove
			□Change
			□∧dd
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary:) んついと
	NONE
_	· · · · · · · · · · · · · · · · · · ·
-	
_	
_	··· ·· · · · · · · · · · · · · · · · ·
_	
_	
fan effed <u>Note:</u> I	e date, if other than the date of filing: tive 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 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
record d is file	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 4.
Dated _	December 22. 2020. Alticle Control of a member or authorized representative of a member. Signature of a member or authorized representative of a member.
	Arrel Fonte. Typed or printed name of signee

Filing Fee: \$25.00