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SECRETARY OF CTATE ALLARASSEE, FLORIDA

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COVER LETTER

TO: Registration Section . Division of Corporations
SUBJECT: FIXIN And MIXIN 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:
Paul Sturney Name of Person
48 Feet North LLC Firm/Company
3677 Julington Creek Rd.
Jacksonville, Fla. 32223 City/State and Zip Code
Paul Sturne & amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paul Sturney at (904) 742-8715 Name of Person at (904) Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fixin And M	ed Liability Comp	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Li Florida document number <u>81-135985</u>		y were filed on $\frac{4/2}{}$	5/17	_ and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of 148 Feet North L. The new name must be distinguishable and contain the w	LC		n "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREE		3677 Julin Jachsonvil	igton Cra le, FL 3	eek Rogo 33333
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	BOX)		1.28211	ILEI 1 26
B. If amending the registered agent and/registered agent and/or the new registered of			cords, enter the	name of the new
Name of New Registered Agent:				
New Registered Office Address:	same	Enter Florida street	address	
	Jacks	onville	_, Florida <u> </u>	5223 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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			☐ Remove
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	ted, the date must be erted in this block	specific and can does not meet	the applicable			nal) iling.) Pursuant to 605.02 date will not be listed
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Page 3 of 3

Filing Fee: \$25.00

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000209592

Entity Name: FIXIN AND MIXIN LLC

Current Principal Place of Business:

3677 JULINGTON CREEK ROAD JACKSONVILLE, FL 32223

Current Mailing Address:

FEI Number: 81-1359857

JACKSONVILLE, FL 32223 US

3677 JULINGTON CREEK ROAD JACKSONVILLE, FL 32223 US

Name and Address of Current Registered Agent:

STURNEY, PAUL 3677 JULINGTON CREEK ROAD

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Title

Name

Address

City-State-Zip:

OWNE

STURNEY, PAUL

3677 JULINGTON CREEK ROAD

JACKSONVILLE FL 32223

SIGNATURE:

Electronic Signature of Registered Agent

FILED Apr 25, 2017

Secretary of State

CC7304107541

Certificate of Status Desired: No

Authorized Person(s) Detail:

MGR Title

Name

Title

STURNEY, PAUL

3677 JULINGTON CREEK ROAD Address

City-State-Zip: JACKSONVILLE FL 32223

AMBR

STURNEY, CHERYL Name

Address 3677 JULINGTON CREEK ROAD

City-State-Zip: JACKSONVILLE FL 32223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under outh; that I am a managing member or manager of the limited fiebility company or the receiver or trustee ampowered to execute this report as required by Chapter 605. Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL STURNEY

OWNER

04/25/2017