11600196473

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- (Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	ocument Number)	
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MARRIE

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: MCO	Name of Limi	ted Liability Company	
The enclosed Articles of Arr	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Ric	hard Wolf	····
	Mc C	Name of Person Name of Person Name of Person Name of Person	LC
	191	GN.ASH. Address	
	Per	150COla, FL 3250 City/State and Zip Code	01
-	F-mail address: (t	K @ MCAV VEVS FIX to be used for future funnual report notife	it, COM
For further information conc	erning this matter, please ca	ıll:	
Dana Be Name of Pe	·	at (<u>850</u>) <u>696 – Area Code Daytime</u>	7792 Telephone Number
Enclosed is a check for the f	ollowing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

MCQYVer'S Fix (Name of the Limited Liability Comp. (A Florida Limited	I+, LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our d Liability Company)	records.)
The Articles of Organization for this Limited Liability Compan Florida document number $\underline{L16000194473}$.	by were filed on $\frac{10/2}{}$	5 2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7-2- C / C /
		(C)
		(,)
Enter new mailing address, if applicable:		- ``
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	- ,
		-E-
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our r e <u>re</u> :	ecords, <u>enter the name of the new</u>
Name of New Registered Agent:	····	
New Registered Office Address:		<u> </u>
	Enter Florida street	oddress
		, Florida Zip Code
	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>	Type of Action
<u>Dwner</u>	Richard Wolf (80%)	1916 North ASI	
		Pensacola, FL 32501	Remove
			₽ Change
<u>Owner</u>	Kim Salvatore, Sr	7705 Strawberry Ct.	
		Milton, FL 32572	■ Remove
			☐ Change
Owner	Dana Bennet (20%)	1915 North A St.	@ Add
		Pensacola, FL 32501	□ Remove
			Change
			🗀 Add
			Remove
			Change
			Ādd
			□ Remove
			□ Change
		<u></u>	
			□ Remove

Please Channe IIC to reflect NEW Non	
THUSE CHUNINGE LOS DO TETTECT TOU DWIT	er as Dana Benne H
Please Change LLC to reflect NEW Dwn as having (20%) ownership of M	cauver's Fix It LLC.
Remove Owner Kim Salvatore, SR fro	m the record.
Please reflect Richard Wolf as having a	
ownership of this company.	/
The state of the s	
Effective date, if other than the date of filing: /31 2018	(optional)
f an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing re	than 90 days after filing.) Pursuant to 605.020
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00