## 1/700/76229

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Name)	
(Oc	ocument Number)	<u> </u>
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	Marial	
	dimens	
	Office Use Only	





100304138831

10/10/17--01026--027 \*\*25.00

17 OCT 10 AM 9: 11

## **COVER LETTER**

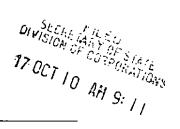
TO: Registration Division of C			
	X & REPAIR LLC		
SUBJECT:	Name of Limi	ted Liability Company	•
	of Amendment and fee(s) are subtropondence concerning this matter t	•	•
	SEYEDAFSHIN RIAZIMA	AND	
		Name of Person	<del></del>
	CELL FIX & REPAIR LLO	-	
	1	Firm/Company	
	1863 WELLS ROAD APT	13B	
		Address	<del></del>
	ORANGE PARK FL 32073	3	
	afshin.riazimand@gmail.cor	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notif	ication)
For further information	concerning this matter, please cal	II:	
SEYEDAFSHIN RIAZ	ZIMAND	904 609-5111 at ( )	
Name	of Person		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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CELL FIX & REPAIR 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 v	were filed on 08/17/17	and assigned
Florida document number L17000176229		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty 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 off registered agent and/or the new registered office address here.  Name of New Registered Agent:		cords, enter the name of the new
New Registered Office Address:		
	Enter Florida street (	uddress
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	zφcode
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publication as registered agent as publication as registered office a company has been notified in writing of this change.	performance of my dution of the control of the cont	es, and I am familiar with and 605. F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
		<del></del> :	Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			☐ Remove
		<del></del>	Change
			Add
			□ Remove
			☐ Change

			<del></del>		
		<del></del> .			
			<u></u>		
					<del></del>
					<del></del>
	-				
					<del>.</del>
				<u>-</u> .	
		·	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·	<del></del>			
ctive date, if other than	he date of filing	<b>:</b> :		(option	al)
ctive date, if other than effective date is listed, the date e: If the date inserted in this ament's effective date on the	block does not m	neet the applicab	date of filing or mo le statutory filing	re than 90 days after fil requirements, this d	ing.) Pursuant to 605.02 ate will not be listed
ecord specifies a dela	ved effective d	ate, but not a	an effective ti	me, at 12:01 a.r	n. on the earlier
ne 90th day after the	ecord is filed.	,		, =:== •	17
. 10/06		2017			OCT
ed			. •		17 OCT 10
	-/ <del></del>				AH 9:

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00