## 418000136824

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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Registration Se Division of Cor						
FELLAS FI						
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	DENNIS BASON					
		Name of Person				
	FELLAS FIX IT LLC					
	Firm/Company					
	17555 COLLINS AVENUE, UNIT 2703					
		Address				
	SUNNY ISLES BEACH, I	FLORIDA, 33160				
		City/State and Zip Code				
	DENNIS@FELLASFINAN					
		to be used for future annual report no	dification)			
For further information c	oncerning this matter, please c	all:				
DENNIS BASON		561 4030740 at ()				
Name o	f Person	Area Code Daytii	ne Telephone Number			
Enclosed is a check for the	ne 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 Addres Registration (		Street Address: Registration So	ection			
Division of Corporations		Division of Corporations The Centre of Tallahassee				
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street. Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.

FELLAS FIX IT 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 were filed on JUNE 1, 2018 and assigned Florida document number L18000136824 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BASON CAPITAL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviat "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: Enter Florida street address 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

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
MGR	DENNIS BASON	17555 COLLINS AVENUE, UNIT 2703	∃Add
	•	SUNNY ISLES BEACH, FLORIDA, 33160	□Remove
			□Change
AMBR	JOHN BASON	17555 COLLINS AVENUE, UNIT 2703	
		SUNNY ISLES BEACH, FLORIDA, 33160	□Remove
			Change
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Effective date, if other than the of fan effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing: be specific and cannot be prick does not meet the app	dicable statutory filing		g.) Pursuant to 605.0207 (
record specifies a delayed effective d is filed.	date, but not an effective	e time, at 12:01 a.m. c	on the earlier of: (b) 1	The 90th day after the
Dated	2021			
	Signature of a member or as	uthorized representative	of a member	
DENNIS BASON	-	·		
	Typed or pr	rinted name of signee		

Filing Fee: \$25.00