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Certified Copies	_ Certificates	of Status
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R. WHITE SEP 03 2013



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 6, 2019

MARIEL TOLLINCHI 9999 SUMMERBREEZE DR., #204 SUNRISE, FL 33322

SUBJECT: WE FIX LEGAL, LLC Ref. Number: L19000002991

We have received your document for WE FIX LEGAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The suffix P.A. is corporate suffix and not acceptable for a limited liability company.

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

The specific purpose of the entity must be set forth in the document.

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.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 419A00016054

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: We Fix Legal, 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:
Mariel Tollinchi Name of Person
Firm/Company
9999 Summerbreeze Dr., #204
Sunnse, FL 33322  City/State and Zip Code  ElizeeTollinchi@Gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marie 1 Tollinchi at ( <u>Ho</u> ) 510-1157  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status 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 ARTICLES OF ORGANIZATION

**OF** 

2019 AUC 30 AM 11: 34

We Fix Legal L	LC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L190000299}{}$ .	were filed on 12/31/2018 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Elizee + Tollinchi, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	9999 Summerbreeze Dr.		
(Principal office address MUST BE A STREET ADDRESS)	_ Ste, 204		
	Sunvist FL 33372		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5365 SU 155 AIT. Miramar; FL 33027		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and		

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being addor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
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Pur It i		the el	1	s Legal	<u>senices.</u>
	<u>.                                    </u>				
Note: If the date	listed, the date must t inserted in this bloc	be specific and cannot b	applicable statutory f		al) ing.) Pursuant to 605.0207 (3)( ate will not be listed as the
the record spec ) The 90th day			ut not an effectiv	e time, at 12:01 a.r	n. on the earlier of:
Dated	y 25	ignature of a member of	authorized representa	Clinchi tive of a member	
		\			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00