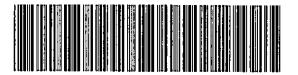
## 119000056969

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

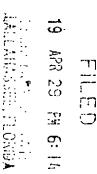


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S. YOUNG



## **COVER LETTER**

то:	Registration Se Division of Cor			
CUDIE	Nick's Fix I	LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Nicholas Pollock		
		Nick's Fix LLC	Name of Person	
		205 E Osceola St	Firm/Company	
		Minneola, FL 34715	Address	
		npollock17@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	ode  nual report notification)  246-5888  Daytime Telephone Number  fee & \$60.00 Filing Fee, Certificate of Status &
For furtl	her information c	oncerning this matter, please ca	all:	
Nichola	s Pollock		at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

Nick's Fix LLC				
( <u>Name of the Lim</u>	ited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	<u>ls.</u> )	
The Articles of Organization for this Limited I	Liability Company	were filed on February 27, 201	9 and assigned	
Florida document number L19000056969	······································			
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		205 E Osceola St		
Principal office address MUST BE A STREET ADDRESS)		Minneola, FL 34715		
			9	
Enter new mailing address, if applicable:		205 E Osceola St	\$ 73 T	
Mailing address MAY BE A POST OFFICE	EBOX)	Minneola, FL 34715	20 7	
			(i) (ii) (ii) (iii) (iii	
<ol> <li>If amending the registered agent and egistered agent and/or the new registered or</li> </ol>			s. enter the name of the i	
Name of New Registered Agent:	Nicholas Pollo	ck		
New Registered Office Address:	205 E Osceola			
		Enter Florida street addres	os ———	
	Minneola	, FI	orida <u>34715</u>	
		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>	Address	Type of Action
			Add
			Remove
			Change
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ective date, if other than the effective date is listed, the date in this ument's effective date on the	must be specific and cannot be passed the ap	prior to date of filing or mo pplicable statutory filing		
record specifies a delar he 90th day after the r		not an effective ti	me, at 12:01 a.m. on	the earlier (
ed April 26	2019			
	M. Jor	·	of a member	