## 49000056969

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## COVER LETTER

TO: Registration Section & Division of Corporations				
6110 H3	Nick's Fix I	.I.C		·
SUBJECT: Name of Limited			d Liability Compuny	
The encl	losed Articles of a	Amendment and fee(s) are subm	itted for filling.	
Please re	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	2019 MAY 23
		nnollost 17@amail.com	City/State and Zip Code	•••
		npollock17@gmail.com E-mail address: (to	be used for future annual report notification)	
For furth	her information co	oncerning this matter, please call		PHIZ: 05
Nichola	s Pollock		352 246-5888	
	Name of	f Person	Area Code Daytime Telephone I	Number
Enclosed	d is a check for th	e following amount:		
\$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, entificate of Status & entified Copy (ditional copy is enclosed)
	Registra Divisio P.O. Be	ING ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:

APPROVED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nick;s Fix LLC			
(Name of the Limited L (A F	iability Company as it no lorida Limited Liability Co	ow appears on our records.) ompany)	
The Articles of Organization for this Limited Liabil	ity Company were file	ed on February 27, 2019	and assigned
Florida document number L19000056969			
This amendment is submitted to amend the followir	ງຄື:		
A. If amending name, enter the new name of the	e limited liability com	pany here:	
The new name must be distinguishable and contain the words	"Limited Liability Compa	ny," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>		
(Principal office address MUST BE A STREET A	DDRESS)	<del></del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:	registered office add address here:	lress on our records, <u>e</u> s	PHION THE new OS
_	-	, Florid	a
New Registered Agent's Signature, if changing Registered as I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the register company has been notified in writing of this change.	gent and agree to act nd complete perform ed agent as provided stered office address nge.	ance of my duties, and I for in Chapter 605, F.S.	r agree to comply with the am familiar with and . Or, if this document is he limited liability
	Page 1 of 3		

If amending Authorized Person(s) authorized to man age, 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		
AMBR	Pollock, Nicholas	3901 NW 79th Ave Suite 245 #258	□ Add		
	-	Miami, FL 33166	■ Remove		
			Change		
AMBR	Połlock, Nicholas	205 E Osceola St	■ Add		
		Minneola, Fl 34715	☐ Remove		
			☐ Change		
			Remarks P		
			AND FILED PHJ2: 050 cm		
			□ Change		
			Add		
			☐ Remove		
			☐ Change		
		-	□ Remove		
			□ Change		

. If amendin	ig any other informati	on, enter change(s	here:	(Attach add	litional she	rets, if nece	ssary.)		
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			i						
Effective d	late, if other than the c	late of filings				(optic	nnal)		
(If an effective Note: If the	e date is listed, the date most e date inserted in this blo- s effective date on the Dep	be specific and cannot ck does not meet the	applicabl	date of filing le statutory i	or more than filing requir	90 days after	filing.) Pursu	ant to 605.0 of be listed	0207 (3 d as th
the record ) The 90t	specifies a delayed th day after the reco	effective date, b rd is filed.	out not a	an effectiv	/e time, a	at 12:01 a	a.m. on th	e earlie	гof:
Dated May	· 16	2019	)						
<u>-</u>		1)-	)						
	8	Signature of I member	or authoriz	ed representa	mive of a me	moer			
	Nicholas Pollock								
-	-	Typed	or printed i	name of signe	ee				

Page 3 of 3

Filing Fee: \$25.00