L19000130637

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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FILING CANCELLED
DUE TO RETURNED CHECK

06/03/19--01021 -010 **25.06

R. WHITE JUN 1 8 2019





COVER LETTER

TO: Registration Section
Division of Corporations

FILING CANCELLED DUE TO RETURNED CHECK

DR. FIX IT RIGHT, LLC

SUBJECT:	- RIGHT, EEC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	JOHNNY COLON		
		Name of Person	
	DR. FIX IT RIGHT, LLC		
		Firm/Company	
	1211 SE 10 STREET	, ,	
		Address	
	DEERFIELD BEACH, FL	. 33441	
	DRFIXITRIGHT@YAHOO	City/State and Zip Code D.COM	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
JOHNNY COLON		954 701-2966	•
Name	of Person	at () 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,
= 525,007 ring (cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy radditional copy is enclosed

MAILING ADDRESS:

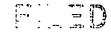
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILING CANCELLED DUE TO RETURNED CHECK

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF



DR. FIX IT RIGHT, LLC

2019 JULI - 3 PM 3: 41

DR. PLX II RIGHT, LLC			
(<u>Name of the Lim</u>	ited Liability Company as it nov (A Florida Limited Liability Co	v appears on our records.)	
			, 1,
The Articles of Organization for this Limited	Liability Company were filed	d on <u>5/16/2019</u>	and assigned
Florida document number L19000130637		-	
	 ,		
This amendment is submitted to amend the fo	lowing:		
A. If amending name, enter the new name	of the limited liability comp	pany here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liability Compan	v." the designation "LLC" or the a	bbreviation "L.L.C."
			,
Enter new principal offices address, if appli			
(Principal office address MUST BE A STRE	ET 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 addr	ess on our records, enter	the name of the nov
registered agent and/or the new registered o	ffice address here:	<u> </u>	the name of the nev
Name of New Registered Agent:	N/A		
Samp in 1077 All		·	
New Registered Office Address:		nter Florida street address	
	•••	We have the conditions	
	City	, Florida	Zip Code
Van Danistored Asserts Charles (5.1	•		zip Code
New Registered Agent's Signature, if changing			
Thereby accept the appointment as registery provisions of all statutes relative to the propactions of the obligations of my position as regivering filed to merely reflect a change in the company has been notified in writing of this	ver and complete performa istered agent as provided fo registered office address, i	nce of my duties, and I am j or in Chapter 605, F.S. Or.	familiar with and if this document is
	If Changing Regist	ered Agent, <u>Signature of New Re</u>	gistered 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 Name | <u>Address</u> Type of Action JOHNNY COLON 1211 SE 10 STREET **AMBR** DEERFOELD BEACH, FL 33441 **■** Add _□ Remove FILING CANCELLED DUE TO RETURNED CHECK __ □ Change _□ Remove _ Change □ Add □ Remove __ D Change ____ Change ____ Remove ☐ Change ☐ Remove

FILING CA	NCELLED
	TURNED CHECK
- I	
	he date of filing:
f the record specifies a delay b) The 90th day after the r	red effective date, but not an effective time, at 12:01 a.m. on the earlier of: ecord is filed.
Dated MAY 29	2019
	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00