## 119000236099

(Requestor's Name)
(requestors Name)
(Address)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE
STORE OF CORPORATIONS
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## **COVER LETTER**

	stration Sect sion of Corpo					
SUBJECT:	Mr. FixIT Re	pair				
SUBJECT	<del></del>	Name of Lim	ited Liability Company	<del></del>		
The enclosed	Anicles of Ar	mendment and fee(s) are sub	mitted for filing.			
Please return a	all correspond	lence concerning this matter	to the following:			
		FRITZ MELISCAR				
			Name of Person			
			Firm/Company			
		512 NE 13TH ST SUITE I				
		FORT LAUDERDALE, F	Address			
		FRITZ.MELISCAR@GMA	City/State and Zip Code			
		E-mail address: (	to be used for future annual report notifica	tion)		
For further inf	formation con	cerning this matter, please ca	all:			
FRITZ MELI	SCAR		561 3607588 at ( )		20 F	11 H
	Name of P	erson	Area Code Daytime To	elephone Number	8 18	A OF C
Enclosed is a	check for the	following amount:		•	PH 12:	
<b>≘</b> \$25.00 Fi	ling Fce	☐ \$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	739	ATIONS
	ing Address:	ction	Street Address: Registration Section	on		

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mr. FixIT Repair LLC				
(Name of the Limited	Liability Compa Florida Limited	iny as it now appears on our r Liability Company)	ecords.)	
The Articles of Organization for this Limited Liab	oility Company	were filed on September I	8, 2019	and assigned
Florida document number L19000236099	<del>.</del>			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
MR. FIXIT REPAIRS LLC				
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation	"LLC" or the abl	reviation "L.L.C."
Enter new principal offices address, if applicat	ole:	512 NE 13TH ST SUITE	В	
(Principal office address MUST BE A STREET		FORT LAUDERDALE,	FL 33304	
				0 25
				(B)
Enter new mailing address, if applicable:		512 NE 13TH ST SUITE	В	- To
(Mailing address MAY BE A POST OFFICE B	OX)	FORT LAUDERDALE,	FL 33304	<b>2</b> 3
	<del>,</del> _			P) 123 16
				-0
B. If amending the registered agent and/or regagent and/or the new registered office address	•	address on our records, <u>e</u>	nter the name	of the new registere
Name of New Registered Agent:	FRITZ MELIS	CAR		
New Registered Office Address:	512 NE 13TH	ST SUITE B		
		Enter Florida street e	uktress	
	FORT LAUDE	ERDALE	_, Florida <u></u>	04
		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>	Name	Address	Type of Action
MGR	MARTINEZ, BRANDON L	1139 NE 10TH AVE #3	
		FORT LAUDERDALE, FL 33304	■Remove
			□Change
MGR	MARTINEZ, ANNA	1139 NE 10TH AVE #3	
		FORT LAUDERDALE, FL 33304	■Remove
			□Change
MGR	MELISCAR, FRITZ	512 NE 13TH ST SUITE B	<b>=</b> Add
		FORT LAUDERDALE, FL 33304	□Remove
			□ Change
MGR	MARTINEZ, RAPHAEL	512 NE 13TH ST SUITE B	<b>=</b> Add
		FORT LAUDERDALE, FL 33304	□Remove
		<del></del>	□Change
			□Add
		-	□Remove
			[] Change
			Add
		<del></del>	□Remove

te: If the date inserted in this bloom	date of filing:
ecord specifies a delayed effective s filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
January I	2019
<del></del>	
<u>//</u>	<del></del>
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00