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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	ited Liability Company			
Amendment and fee(s) are sub	mitted for filing.			
ndence concerning this matter	to the following:			
SANTOS MENDOZA				
	Name of Person			
HOME FIXIT SERVICES	LLC			
	Firm/Company			
7843 KIRKWOOD CIRCI	ELOT 160			
	Address			
BOYNTON BEACH, FL.	33436			
	City/State and Zip Code	<del></del>		
ALLISON@GOODROOFF	ER.COM			
E-mail address: (	to be used for future annual report not	ification)		
oncerning this matter, please c	ali:			
	561 737-7507 at ( )			
Person	Area Code Daytin	ne Telephone Number		
e following amount:				
■ \$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)		
	Street Address: Registration Se	ection		
Division of Corporations		Division of Corporations		
	SANTOS MENDOZA  HOME FIXIT SERVICES  7843 KIRKWOOD CIRCI  BOYNTON BEACH, FL.  ALLISON@GOODROOFF  E-mail address: ( oncerning this matter, please of Person  e following amount:  \$\begin{align*} \$30.00 Filing Fee & Certificate of Status  \$\begin{align*} \text{E} \text{ection}  \end{align*}	Name of Person  HOME FIXIT SERVICES LLC  Firm/Company  7843 KIRKWOOD CIRCLE LOT 160  Address  BOYNTON BEACH, FL 33436  City/State and Zip Code  ALLISON@GOODROOFER.COM  E-mail address: (to be used for future annual report not oncerning this matter, please call:  Person  at (		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

HOME FIXIT SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/19/2019}{1}$ \_\_\_\_\_ and assigned Florida document number 1.19000237224 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_ 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
MGR	SANTOS MENDOZA	7843 Kirkwood Cir. Lot 160 Boynton Beach,FL33436	5 _ <b>≣</b> Add
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Effective date, if other than the if an effective date is listed, the date mu	st be specific and cannot be price	or to date of filing or more the	(optional) in 90 days after filing.) Pursuant to	605.020
Note: If the date inserted in this be document's effective date on the D	ock does not meet the appli	cable statutory filing requ	irements, this date will not be	listed as
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e record specifies a delayed effectiv	a data, hut not an affactive	time at 12:01 a.m. on the	andiar of (h). The Outh day	nftar tha
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Dated	2020	_		
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	Su	form		_
	Signature of a member or aut	horized representative of a re	nember	-

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Filing Fee: \$25.00