

9/19/24, 1:19 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000319624 3)))



H240003196243ABC*

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : MJD ACCOUNTING SERVICES CORP
Account Number : I20220000156
Phone : (954)471-5645
Fax Number : (305)356-3688

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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2024 SEP 19 PM 2:32

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FIX & DESING 3S LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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K. SALY

SEP 19 2024

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

FIX & DESING 3S LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 SEP 19 AM 11:09
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 9/19/2024 and assigned

Florida document number L20000032498.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FIX & DESIGN 3S LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 _____
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

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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>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change
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1). If amending any other information, enter change(s) here: (attach additional sheets, if necessary)

14-11-1951

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2024 SEP 19 AM 11:09
FBI - NEW YORK

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a **delayed effective date**, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 09/19/2024

✕

all am

Signature of a member or authorized representative of a member

ANA MARIA BERRIO IÑIGUZA

Typed or printed name of signer

Filing Fee: \$25.00

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