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# **COVER LETTER**

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TO:

Registration Section Division of Corporations

HOME FIX ADVISOR LLC

841-5044957

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	ZERQUERA AVILA, JOF	RGE A	
		Name of Person	
		Firm/Company	
	12230 SW 118TH TER		
		Address	
	MIAMI, FL 33186		2022
	JAZ.AVILA@ME.COM	City/State and Zip Code	2022 HOV - 4
	E-mail address: (	to be used for future annual report not	incation)
For further information c	concerning this matter, please c	all:	교 #
ZERQUERA AVILA, JO	ORGE A	786 352-7211 at ()	<u> </u>
Name o	n' Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$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)

### **Mailing Address:**

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

### Street Address:

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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2022

ZERQUERA AVILA, JORGE A 12230 SW 118TH TER MIAMI, FL 33186

SUBJECT: HOME FIX ADVISOR: LLC. Ref. Number: L20000047877.

We have received your document for HOME FIX ADVISOR LLO and your check(s) totaling \$25:00. However, the enclosed document has not been filled and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

YOU DID NOT CHECK A TYPE OF ACTION FOR YOUR AUTHORIZE PERSON(S):

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filling of your document, please call (850),245-3050.

Anissa Butler Regulatory Specialist III

Letter Number 122A00011853

SECRETARY OF STATE

Storaggins samme

Division of Corporations - P.O. BOX 6324 April houses, Filosida 32314



June 9, 2022

ZERQUERA AAVILA JORGE A 12230 SW 118TH TER MIAMI, FL 33186

SUBJECT: HOME FIX ADVISOR LLC

Ref. Number: L20000047877

We have received your document for HOME FIX ADVISOR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 722A00012983

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOME FIX ADVISOR LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 02/10/2020	and assigned
Florida document number L20000047877		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
Mr. Paws Mobile Grooming and Spa		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12230 SW 118TH TER	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33186	29.22
		72
		~ · · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	12230 SW 118TH TER	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33186	_:
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		6
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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>	<u>Name</u>	<u>Address</u>	Type of Action
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document's effe	ctive date on th	e Department	of State's rec	ords.		rquirements, ti	ins date will not o	e listed as
record specifie d is filed.	s a delayed effe	ctive date, but	not an effect	ive time, at 12	2:01 a.m. on t	the earlier of: (	b) The 90th day	after the
Dated	Jane	,	()[]					
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- ,, -		Signatur	of a member or	authorized repi	resentative of a	nember		

Filing Fee: \$25.00