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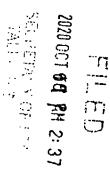
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations				
SUBJECT:		FIXAWAY, LLC			
30b3LC1.	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		VESNA BEGER			
		Name of Person			
	V & B A	CCOUNTING SERVICES, INC			
	Firm/Company				
		8031 EBERSOL RD			
		Address			
	J/	ACKSONVILLE, FL 32216			
		City/State and Zip Code			
		ANDBACC@GMAIL.COM			
	E-mail address: (to be used for future annual report no	tification)		
For further information c	oncerning this matter, please c	all:			
VESN/	A BEGER	904 422-6813			
Name of Person		at () Area Code Daytir	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 Addres		Street Address:	vetion		
Division of C		Registration Section Division of Corporations			
P.O. Box 632		The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIXAWAY, LLC	C		
(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears on our y Company)	records.)	
The Articles of Organization for this Limited Liability Company were	filed on	3/02/2020	and assigned
lorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability co	ompany here:		
he new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation	on "LLC" or the al	obreviation "L.L.C."
Cater new principal offices address, if applicable:			(A) - E3
Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			F 6 71
			第11 6 三
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			7 7 (
			.
		-	
 If amending the registered agent and/or registered office addresgent and/or the new registered office address here: 	ss on our records,	enter the nan	ne of the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	t address	
		E) 21	
T)	in	Florida	Zin Cade

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	CEM AKYOL	48 PINEWOODS ST	□Add
		PONTE VEDRA, FL 32081	■Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
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Filing Fee: \$25.00