

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000390870 3)))



H200003908703ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FIXING24 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2020 NOV 12 AM 9:06

Electronic Filing Menu

Corporate Filing Menu

Help

SHI KEE

NOV 14 2020

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

FIXING24 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 08/13/2020 and assigned Florida document number L20000247450.

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 "L.L.C."

Enter new principal offices address, if applicable:

21011 JOHNSON STREET

(Principal office address MUST BE A STREET ADDRESS)

SUITE 110PEMBROKE PINES, FLORIDA 33029

Enter new mailing address, if applicable:

21011 JOHNSON STREET

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 110PEMBROKE PINES, FLORIDA 33029

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:

MARTORELL'S OFFICE GROUP CORP

New Registered Office Address:

21011 JOHNSON STREET SUITE 110

Enter Florida street address

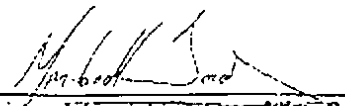
PEMBROKE PINESFlorida 33029

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>	<u>Type of Action</u>
VP	MEDRANO MEJIA, MICHAEL	RESID. EL GUATEQUE APT D2 - CARR VERON	<input type="checkbox"/> Add
		VERON, AL 2300 DR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CONTRERAS SANCHEZ, JOSE F	4955 NW 199th STREET	<input type="checkbox"/> Add
		LOT 248	<input type="checkbox"/> Remove
		MIAMI GARDENS, FLORIDA 33055	<input checked="" type="checkbox"/> Change
MGR	ANGELO EFRAÍN DEL ROSARIO	4955 NW 199th STREET	<input checked="" type="checkbox"/> Add
		LOT 248	<input type="checkbox"/> Remove
		MIAMI GARDENS, FLORIDA 33055	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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: (1) The 90th day after the record is filed.

Dated NOVEMBER 10th 2020

Signature of a member or authorized representative of a member

CONTRERAS SANCHEZ, JOSE F

Typed or printed name of signee