## LZ1000159791

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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05/07/21--01005--003 \*\*25.00



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Lula D

## **COVER LETTER**

TO: Registration Division of C			
STILL IN CAR		UFIX LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fec(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		GREG ZITANI	
		Name of Person	
		Firm/Company	<del></del>
	40-	46 SAWYER ROAD, SUITE D	
		Address	
		SARASOTA, FL 34233	
	<del>- 1</del>	City/State and Zip Code greg.zitani@westeolaw.com	
		to be used for future annual report n	otification)
For further information	concerning this matter, please c	all:	
GREG ZITANI		941 552-0373	
Name	of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for	the 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 Addr Registration		<u>Street Address:</u> Registration S Division of C	

Division of Corpo P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	UFIX LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears rida Limited Liability Company)	on our records.)	<del></del>
he Articles of Organization for this Limited Liability lorida document number	y Company were filed on	04/06/2021	and assigned
his amendment is submitted to amend the following	g		
. If amending name, enter the new name of the l	imited liability company he	<u>re</u> :	
UWORX G	ARAGE, LLC		
ne new name must be distinguishable and contain the words "	Limited Liability Company," the de	signation "LLC" or the al	breviation "L.L.C."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET AD</u>	DDRESS)		
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX			
			£41
<ol> <li>If amending the registered agent and/or registered and/or the new registered office address her</li> </ol>		ecords, <u>enter the nan</u>	e of the new regist
Name of New Registered Agent:		.,	
New Registered Office Address:	Enter Flori	ida street address	_1 
		, Florida	
	City	<del></del>	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 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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
		·	□Change
			□Remove
			Change
			□Add
			Remove
			☐ Change
			Remove
			□Change
			∩Add
			□ Changa

(If an e <u>Note</u>	tive date, if other than the date of filing:
f the reco	ord 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 filed.
Dated	APRIL 29 2021
	Signature of a member or authorized representative of a member
	GARY J. GOGLIA, JR.

Filing Fee: \$25.00