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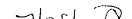
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 44 URT 1-1-10 Name of Limited Fiability Company	
The enclosed Aracles of Amendment and feets) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
<u>Moemai</u> <u>Charles</u> BR Name of Person	
Lik Gill T. L.C. Firm Company	
5522 NW-60th terr	
Orolo FL 34485 City State and Zip Code	
Swhale and Con Con Grant Con Jan address (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Vivenal Charles 9R at (AH) 500 - 3718 Name of Person at (AH) Daytime Felephone Number	
Linclosed is a check for the following amount: \[\sum_{\text{S25,00}} \) Filing Fee \(\text{Certificate of Status} \) \[\sum_{\text{cardditional copy is enclosed}} \] \[\sum_{\text{S30,00}} \] Filing Fee \(\text{Certified Copy} \) \[\text{Certified Copy is enclosed} \] \[\text{Certified Copy is enclosed} \]	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fix Cinxi		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LD1000230419</u> .	were filed on <u>May 18, 2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	ebreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		(-) }
B. If amending the registered agent and/or registered office a	address on our records, enter the nam	e of the new register
agent and/or the new registered office address here:		
		``
Name of New Registered Agent:		
New Registered Office Address:		<u>.</u> ;9
	Enter Florida street address	<u> </u>
	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 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
Mar	Micemal Charles Sr	5500 NW GOD Terr	[√Add
		DCala, Fl. 34482	□Remove
			□Change
AHBR	<u>Yhoemai Charles Se</u>	5500 N.W. GOT Terr	[TXdd
		UCALA FL 34480	□Remove
			□ Change
			□Add
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rect Lis I	ord specifies a delayo filed.	ed effective date	, but not an ef	fective time, at 1	2:01 a.m. on	the earlier of: (b) The 90th day after the
atco	d_deine_30	j		er or authorized re		