11/1/23, 11:01 AM

Division of Corporations

Original submission ridadepartment of State

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.

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Note: DO NOT hit the REFREST	I RELOAD button on your browser from this page.
Doing so wil	I generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 ; (323)962-8600

Fax Number : (323)389-0502

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 FIX-MOBILE L.L.C.

Certificate of Status	()
Certified Copy	1
Page Count	05
Estimated Charge	855,00

COVER LETTER

	istration Se sion of Cor			·
SUBJECT:	FIX-MOBI		•	· .
SOBJECT		Name of Lin	nited Elability Company	
The enclosed	Articles of 2	Amendment and fee(s) are sub	omitted for filing	
Please return a	all correspor	ndence concerning this matter	to the following	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		moses.rodriguez369@gmai		
			to be used for future annual report north	teation)
For further inf	ormation co	ncerning this matter, please ca	all:	
Cheyenne Mo	seley		800 773-0888	
	Name of		at ()	Felephone Number
Enclosed is a c	theck for the	: following amount:		
□ \$25,00 Fr)	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	SSS.00 Filing Fee & Certified Copy (additional copy is enclosed)	El SA0.00 Filling Fee, Certificate of Status & Certified Copy (Fodditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FIX-MOBILE L.L.C. (Name of the Limited Limitity Compa	any as if now appears on our records)	
(Name of the Limited Limited Compa (A Fiorida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	/ were filed on 05/25/2022	and assigned
Florida document number L22000243690		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	12680 US Highway N #441	
(Principal office address MUST BE A STREET ADDRESS)	12680 US Highway N #441 Cana: Point, FL 33438	;
	<del></del>	 
Enter new mailing address, if applicable:	P.O. Box 593	: رر_
(Mailing address MAY BE A POST OFFICE BON)	Canal Point, FL 33438	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, g	nter the name of the
	<del>-</del> ·	
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
New Registered Office Address:	Enter Florida stree! address	<del></del>
New Registered Office Address:		aZip Code

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

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	Moses Rodriguez		□ Add
		·	<b></b>
		13000101111 1 1 1 1 1 1 1 1 1 1 1 1 1 1	□ Remove
		12680 US Highway N #441, Canal Point, FL 33438	B Change
			D Add
			□ Romove
			Change
		••	
		<del></del>	D Remove
			Change
			□ Add
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			Change
<del></del>			
			Remove
			Change
····			🖸 Add
			□ Remove
			🗆 Change

(If an el Note:	ive date, if other than the date of filing:  [ective 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)0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
if the rea (b) The	cord specifies a delayed effective date, but not an effective time, at 12:0.1 a.m. on the earlier of: 90th day after the record is filed.
Dated	July 19 . 2023.
	Signature of a member or authorized representative of a member
	Moses Rodriguez
	Typed or printed name of signee

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Filing Fee: \$25.00