

L22000296954

W

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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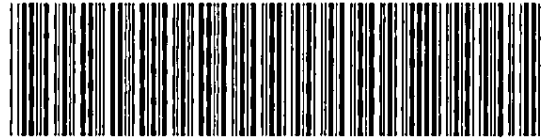
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TOPKRONO HOME REPAIR SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANCHEZ MARTINEZ, MARIE JENNY

Name of Person

Firm/Company

3808 GOLDEN KNOT DR

Address

KISSIMEE FL 34746

City/State and Zip Code

info@houzfixpro.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANCHEZ MARTINEZ, MARIE JENNY

772 259-2556
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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 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**

TOPKRONO HOME REPAIR SERVICES 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 July 1st, 2022 and assigned
Florida document number L22000296954.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HOUZFIX PRO LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3808 GOLDEN KNOT DR

KISSIMEE, FL 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3808 GOLDEN KNOT DR

KISSIMEE, FL 34746

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2023 DEC 14 PM 3:50
CLERK OF STATE
TALLAHASSEE, FL

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: WINZOR BELIZOR

New Registered Office Address: 7844 GREGORY DR, APT 606

Enter Florida street address

JACKSONVILLE, Florida 32210

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.

Winzor Belizor

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>
AMBR	AUGUSTIN, MOISE		<input type="checkbox"/> Add
		246 CORK WAY, DAVENPORT FL 33897	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BELIZOR, WINZOR		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		7844 GREGORY DR, APT 606, JACKSONVILLE FL	<input checked="" 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
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			<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.)*

Address change for the AMBR Belizor, Winzor

Remove the old address : 606 Park ave, apt 711 Orange Park, FL 32073

Add the new address : 7844 GREGORY DR APT 606, JACKSONVILLE FL 32210

E. Effective date, if other than the date of filing: DECEMBER 1ST, 2023 **(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: (b) The 90th day after the record is filed.

Dated DECEMBER 1ST 2023

Marie Jenny Sanchez Martinez
Signature of a member or authorized representative of a member

SANCHEZ MARTINEZ, MARIE JENNY

Typed or printed name of signee