L 2 2 0 0 0 3 2 6 7 6 1

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
(Only) States E.p./ Hone #/	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

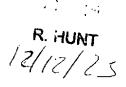
Office Use Only



400419502014

12/12/23--01013--002 ++25.00

DIVISION OF CORPORATIONS
ON THE CALL STATE AND A STATE



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations	•		
SUBJECT.	Fivens and "	1000		
SUBJECT:	Fixers and Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
r iease return air correspo	_	~		
	geovani Bo	orrero		
		Name of Person		
		Firm/Company		
	1022 Aleac	Penil LAI		
	1022 Meac	Address		<u>,</u> •
	Bandon	1 22511		avision of coareaction. 2023 DEC 12 PM12: 40
	Dranaen, F	City/State and Zip Code		- BEC - SE
	Vami2501	City/State and Zip Code 10 + mail. com 10 be used for future annual report notif		12 100
	E-mail address: (to be used for future annual report notif	ication)	ere Pr
For further information of	oncerning this matter, please c	all:		72:
Geovan	i Borrero	11813 14610-	2374	6
Name o	f Person	at (<u>\$13</u>) <u>466-</u> Area Code Daytime	Telephone Number	
Englosed is a short for t	as Fallonina amount			
Enclosed is a check for the	-	_	_	
S25.00 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 Stat Certified Copy (additional copy is end	
Mailing Address		Street Address:		
Registration 9 Division of C		Registration Sec Division of Cor		
P.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fixers and Me	re.	
(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L22000326761</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
Pro Fixers and More L. The new name must be distinguishable and contain the words "Limited Liabi	Uty Cognage "the designation "LLC" or the abb	registion "L. C."
Enter new principal offices address, if applicable:	208 Oakfield Driv Brandon, FL 33511	<u>e # 1284.25</u>
(Principal office address MUST BE A STREET ADDRESS)	Branden, FL 335//	0 000 0 000 0 000 0 000
		2
Enter new mailing address, if applicable:	1022 MENDOW LA BRANDOM FL	<u>√ 2 95</u>
(Mailing address MAY BE A POST OFFICE BOX)	BRANDON FL	335沙
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:		· *
New Registered Office Address;		
	Enter Florida street address	
	, 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change
			OF COMPANY COM
			PG 12: 4 G
			□ Кетюче
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Changa.

		-						
								-
								-
					··	_		-
								-
					-		2028	- \\.
						•	23- 30 E	. 55
							12	ت ت
								
							PM 12: 40	. :
							· · · · · ·	_
								•
effective date		must be specific a	ind cannot be pri				ig.) Pursuant to 605	
	ective date on the				y filing requir	ements, this da	te will not be list	ed as
and mailin	o a didayad affic	ation data have a	at an afficialis	rima ar 12.0			Th - 00+h d 45-	
s filed.	s a delayed effec	mye date, out in	or an enective	time, at 12,0	a.m. on the e	arrier (ii. (b)	The 90th day afte	n une
	12/9/2	<u>'3</u>	-· -	· /				
ed				1				
ed		Signature of	-61 i	<u> </u>				