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FEB - 3 2023

## WELLBAUM & EMERY, P.A.

W&E

LORI WELLBAUM EMERY

R.W. WELLBAUM, JR. (1943-2018)

686 NORTH INDIAN ENGLEWOOD, FLO TELEPHONE (941) FAX (941) 475-

November 14, 2022

#### TRANSMITTAL LETTER

TO: **Registration Section** Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FIX-IT NICK, LLC SUBJECT:

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

Please return all correspondence concerning this matter to the following:

Lori Wellbaum Emer Wellbaum & Emery, P.A. 686 N. Indiana Avenue Englewood, Florida 34223

For further information concerning this matter, please call:

Lori Wellbaum Emery at (941) 474-3241

Enclosed is a check for the following amount:

\$25.00 filing fee \_\_\_\_\$30.00 Filing Fee

Filing Fee & Certificate Status

\$55.00 Filing Fee & Certified Copy (add'I copy is enclosed)

\$60.00 Filing Fee, Certificate of Status & Certified Copy (add'l copy is enclosed)

Yours very traily, yours l.ori Wellbaum Emerv

AR'	TICLES OF AMENDMEN'I	·
ART	TO TCLES OF ORGANIZATIO	N
	OF	
FIX ( <u>Name of the Limi</u>	- IT NICK LLC <u>ted Liability Company as it now appears on</u> (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited L Florida document number <u>L 22000 40</u>		and assign
This amendment is submitted to amend the foll	owing:	
A. If amending name, <u>enter the new name o</u>	of the limited liability company here:	
The new name must be distinguishable and contain the v Enter new principal offices address, if applie (Principal office address MUST BE A STREE	cable:	ation "LLC" or the abbreviation "L.L.C.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or a agent and/or the new registered office addre	••	11 2 F
Name of New Registered Agent:	Lori Wellbaum Emer	
New Registered Office Address:	686 N. Indiana Ave Enter Florida si	<u> </u>
	Ensteward	, Florida <u>34223</u>
	Cij	Sil Com

#### 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 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 Chapging Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person be</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of 7</u>
MGR	Nicholas L. Baggott	P.O. Box 991	XAdd
		Englewood, FL 34295	
AMBR	Taylor D. Edwards	P.O. Box 991	XAdd
		Englawood, FL 34295	
AMBR	Nicholas L. Baggott	P.O. Box 991	XAdd
		Englandod FL 34295	🗆 Remove
			🗌 Change
<b></b>			□Add
		·	□Change
			🗆 Add
			ElRemove
			🗋 Change
<u> </u>			🗆 Add
			🗆 Remove
			El Change

D. If amending any other information,	enter change(s) here:	(Attach additional sheets,	if necessary.)
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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 _	November 14 . 2022
	Signature of a member or authorized representative of a member
	Taylor D. Edwards
	Typed or printed name of signee

Filing Fee: \$25.00