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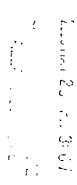
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
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## **COVER LETTER**

| Division of Cor<br>CJ'S Fix It: | Solutions L.L.C.                             | •   |   |
|---------------------------------|--|---|---|
| SUBJECT:                        | <u> </u>                                     | ited Liability Company  |   |
|                                 |  |   |   |
| The enclosed Articles of        | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return all correspo      | ondence concerning this matter               | to the following:   |   |
|                                 | Cindy Carter                                 |   |   |
|                                 |  | Name of Person  |   |
|                                 | CJ'S Fix IT Solutions, L.L.                  | .C.   |   |
|                                 |  | Firm/Company  |   |
|                                 | 28120 Seasons Tide Ave.                      |   | \$ 1 T  |
|                                 |  | Address   |   |
|                                 | Bonita Springs, FL. 34135                    |   | - N   |
|                                 | · · · · · · · · · · · · · · · · · · ·        | City/State and Zip Code   |   |
|                                 | cartercindy55@yahoo.com                      |   | ·   |
|                                 | E-mail address: (                            | to be used for future annual report notific                         | ration)   |
| For further information c       | concerning this matter, please c             | all:  | . ~   |
| Cindy Carter                    |  | 813 316 8050<br>at ( )  |   |
| Name o                          | of Person                                    |   | Telephone Number  |
| Enclosed is a check for the     | he 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres                  | <u>ss:</u>                                   | Street Address:   |   |

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

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

| (Name of the Limited Liability Con  | npany as it now appears on our reco<br>ed Liability Company) | rds.)                                   |
|---|--|---|
| (A Florida Limite   | ец шаонну Сотрану)   |   |
| The Articles of Organization for this Limited Liability Compa   | ny were filed on December 13. 2                              | 022 and assigned                        |
| Florida document number 400398987354  |  |   |
|   |  |   |
| This amendment is submitted to amend the following:   |  | tion "LLC" or the abbreviation "L.L.C." |
| A. If amending name, enter the new name of the limited li   | ability company here:  |   |
| ·   |  |   |
| The new name must be distinguishable and contain the words "Limited Li                                      | ability Company," the designation "Ll                        | LC" or the abbreviation "L.L.C."        |
| Enter new principal offices address, if applicable:   |  |   |
| Principal office address MUST BE A STREET ADDRESS)  |  |   |
| Trincipal office address MOST DE A STREET ADDRESS   |  |   |
|   |  |   |
|   |  |   |
| Enter new mailing address, if applicable:   |  | ry .                                    |
| Mailing address MAY BE A POST OFFICE BOX)   | <u></u>  |   |
|   |  | <u> </u>                                |
|   |  | ယ္ ယ                                    |
| 3. If amending the registered agent and/or registered office and/or the new registered office address here: | ce address on our records, <u>ent</u>                        | er the name of the new regis            |
| gent and/or the new registered office address here.   |  | ·                                       |
| N CN Day internal Assessed  |  |   |
| Name of New Registered Agent:   |  |   |
| New Registered Office Address:  |  |   |
|   | Enter Florida street add                                     | ress                                    |
|   |  | Florida                                 |
|   | City   | fin Conta                               |

## 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 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> | Name | Address      | Type of Action    |
|--------------|------|--------------|-------------------|
|              |      |              | \ \ \ \ \_Add     |
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|              |      |              | Change            |
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|              |      |              | □Change           |
|              |      |              | □Add              |
|              |      |              | □Remove           |
|              |      |              | Chan              |

| Please add Cindy Carter as owner. Address  | is the same as its | acu on paperwo                        | K.  |                    |               |
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| ctive date, if other than the date of filing   | December 13,       | 2022                                  | (ont  | ional)             |               |
| effective date is listed, the date must be specific and  | cannot be prior to |                                       | ore than 90 days after                        | er filing.) Pursua |               |
| e: If the date inserted in this block does not numerat's effective date on the Department of S |                    | le statutory filin                    | g requirements, th                            | us date will no    | t be listed   |
| ,  |                    |                                       |   |                    |               |
| cord specifies a delayed effective date, but not   | an effective time  | s at 12:01 a.m. i                     | on the earlier of: t                          | h) The With .      | day after     |
| filed.   | an encente time    | , 4 12.1/1 4.111,                     | on the earner or. (                           | o, the join        | day and       |
|  |                    |                                       |   |                    |               |
| ed February 5,   | 2023               |                                       |   |                    |               |
| ~  | ^                  | ·<br>                                 |   |                    |               |
|  | ' <b>\</b>         |                                       |   |                    |               |
| ( ind.)  | ر در عام           | Ln 1                                  | $m$ $\epsilon$ $o$                            |                    |               |
| Signature of a r   | nember or authoriz | いし<br>red representative              | of a member                                   |                    | <del></del>   |

Filing Fee: \$25.00