## 

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| ,                                       |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
| J. HORNE                                |
| OCT 3 1 2023                            |
|   |
|   |
| <del></del>                             |





10/20/23--01013--015 \*\*25.00

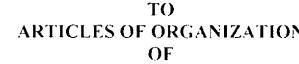


## **COVER LETTER**

Ю;

| O: Registration S<br>Division of Co  |  | ,   |                                 |
|--|--|---|---------------------------------|
| 11.145.1412.199  | STMENTS LLC                                  |   |                                 |
| SUBJECT:   |  | ited Liability Company  |                                 |
|  |  |   |                                 |
| The enclosed Articles of   | Amendment and fee(s) are sub                 | mitted for tiling.  |                                 |
| dease return all corresp   | ondence concerning this matter               | to the following:   |                                 |
|  | Filing MichaelD                              |   |                                 |
|  | - d=   | Name of Person  |                                 |
|  | ZenBusiness Inc.                             |   | of Status & opy ny is enclosed) |
|  | ·  | Firm Company  |                                 |
|  | 336 E College Ave, Ste 30                    | ### Page 15   Page 15   Page 15   Page 16   P |                                 |
|  |  | Address   |                                 |
|  | Talfahassee, FL 32301                        |   |                                 |
|  | CalCition and Carambas Commen                | ·   |                                 |
|  |  |   |                                 |
| for further information (  | concerning this matter, please o             | all:  |                                 |
| Filing MichaelD c/o Ze   | nBusiness Inc.                               |   |                                 |
| Name   | of Person                                    |   | _                               |
| inclosed is a check for t  | he following amount:                         |   |                                 |
| ■ \$25.00 Filing Fee   | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy Certificate of S<br>(additional copy is enclosed) Certified Copy   | Status &  <br>y                 |
| Mailing Addre<br>Registration<br>Division of O<br>P.O. Box 63:<br>Tallahassee. | Section<br>Torporations<br>27                | Registration Section Division of Corporations   |                                 |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FIX INVESTMENTS LLC

20,00 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 01 05

| The Articles of Organization for this Limited Liability Company   | were mea on                      | and assigned                        |
|---|----------------------------------|-------------------------------------|
| Florida document number 1.23000013323   |                                  |                                     |
| This amendment is submitted to amend the following:   |                                  |                                     |
| A. If amending name, <u>enter the new name of the limited liabi</u>   | lity company here:               |                                     |
| The new name must be distinguishable and contain the words "Limited Liabili   | ity Company," the designation    | T.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |                                  |                                     |
| (Principal office address MUST BE A STREET ADDRESS)   |                                  |                                     |
|   | 112                              |                                     |
|   |                                  |                                     |
| Enter new mailing address, if applicable:   |                                  |                                     |
| (Mailing address MAY BE A POST OFFICE BOX)  |                                  |                                     |
|   | <del></del>                      |                                     |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>er</u> | nter the name of the new register   |
| igent and/or the new registered office address here.  |                                  |                                     |
|   |                                  |                                     |
| Name of New Registered Agent:   |                                  |                                     |
| Name of New Registered Agent:  New Registered Office Address:   |                                  |                                     |
|   | Enter Florida street ac          | ldress                              |
|   |                                  | klress<br>. Florida<br>Zip 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. Thereby confirm that the limited liability company has been notified in writing of this change.

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person—being added</u> <u>r removed from our records</u>:

IGR = Manager .MBR = Authorized Member

| <u>itle</u>     | <u>Name</u> | Address                                | Type of Action        |
|-----------------|-------------|--|-----------------------|
| IGR             | GULER, CEM  | 3835 SW 169TH TER                      | □Add                  |
|                 |             | MIRAMAR, FL 33027                      | ■Remove               |
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| If the date inserted in this be<br>nent's effective date on the E<br>rd specifies a delayed effecti | e date of filing:  st be specific and cannot be prior to date lock does not meet the applicable s Department of State's records. | tatutory filing requiremen | ts, this date will not be listed: |
| īled.   |  |                            |                                   |
| October 13  | . 2023   |                            |                                   |
|   |  |                            |                                   |
| /s/ EMRE  | SERKAN BAYR Signature of a member or authorized  |                            |                                   |