L23000287560

	(Requestor's Name)
	(Address)
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PICK-UP	WAIT MAIL
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2023 J. 1 1 F. 3: 55



S. ROBERTS

JUL 1 2 2023

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/11/2023	_ <i>⇔WALi</i>	K <i>I</i> N₩
ENTITY NAME Fitz Fix	(It LLC	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
xxxxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
*	*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TTION	
NUMBER OF CERTIFICA		
TOTAL OWED \$25	ACCOUNT #: I2016000072	
	S R FM	
Please call Tina at	the above number for any issues or concerns. Thank you so much!	

COVER LETTER

TO:					
CHELE	CT.	Fitz Fix It LLC			
SUBJE		Name of L	imited Liability Company		
The end	closed Article	s of Amendment and fee(s) are s	ubmitted for filing.		
Please r	eturn all corr	espondence concerning this matt	er to the following:		
Division of Corporations SUBJECT: Fitz Fix It 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: Fitzroy Harris Name of Person Firm/Company 5893 NW Hann Dr. Address Port St Lucie, Ft. 34986 City/State and Zip Code fitz/fixit/23@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Fitzroy Harris Name of Person Area Code Daytine Telephone Number Enclosed is a check for the following amount: © \$25.00 Filing Fee Certificate of Status Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy					
			Name of Person		
			Firm/Company		<u>.</u>
			5893 NW Hann Dr.		
			Address	•	
				6	
				eport notification)	
For furt	her informati	on concerning this matter, please	call:		
	Fitz	roy Harris		681-2640	
	Na	me of Person		Daytime Telephor	ne Number
Enclose	ed is a check f	for the following amount:			
☑ \$25	5.00 Filing Fe		Certified Copy		Certificate of Status &

the second second

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

Fitz Fix It LLC			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears o liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL23000287560	were filed on	June 14, 2023	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here	:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			2023.
(Principal office address MUST BE A STREET ADDRESS)			· =
The partific address . 1001 pp 1101 Nobel 1100 Nobel			
Enter new mailing address, if applicable:		·	<u>ب</u>
(Mailing address MAY BE A POST OFFICE BOX)			ப
			- ·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our rec	ords, <u>enter the name</u>	of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florido	street address	-
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete pace accept the obligations of my position as registered agent as pace being filed to merely reflect a change in the registered office	performance of m provided for in Ch	y duties, and I am fa apter 605, F.S. Or. i	miliar with and f this document is

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Fitzroy Harris	5893 NW Hann Dr. Port St. Lucie, FL 34986	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
AMBR	Cherry Ann Harris	5893 NW Hann Dr. Port St Lucie, FL 34986	ŒAdd
			□Remove
			Change
			□Add
			□Remove
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			□Add
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an effective da lote: If the c	e, if other than the date on the is listed, the date must be spelate inserted in this block do ffective date on the Departm	eific and cannot be prior to dat es not meet the applicable :	e of filing or more than 90 d statutory filing requireme	(optional) ays after filing.) Pursuant to 6 ants, this date will not be 1	605.0207 (isted as t
record speci l is filed.	fies a delayed effective date,	but not an effective time, a	at 12:01 a.m. on the earlie	r of: (b) The 90th day a	fter the
ated	July 10th	2023			
	Signati	Fitzroy Harr	representative of a member		
	.signar	are or a necimber of auditoffice	representative of a member		
		Fitzroy Harris			

Filing Fee: \$25.00