

L23000295904

(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:

Office Use Only



500413697405

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 AUG 16 PM 12:40

RECEIVED  
2023 AUG 16 AM 10:06  
REGISTRATION OFFICE  
TALLAHASSEE, FLORIDA

R. HUNT  
08/16/23

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/16/2023

**\*\*WALK IN\*\***

ENTITY NAME FIXD Restoration LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 AUG 16 PM 12:40

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25

ACCOUNT #: 120160000072

*E. R. J. M.*

Please call Tina at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FIXD Restoration 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:

Jonathan Taboada

\_\_\_\_\_  
Name of Person

ZenBusiness INC

\_\_\_\_\_  
Firm/Company

336 E. College Ave Suite 301

\_\_\_\_\_  
Address

Tallahassee, FL 32301

\_\_\_\_\_  
City/State and Zip Code

fulfillment@zenbusiness.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
2023 AUG 16 PM 12:40

For further information concerning this matter, please call:

c/o ZenBusiness INC

844

493-6249

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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**

FIXD Restoration LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/20/2023 and assigned  
Florida document number L23000295904.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

FIXD Home Services LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

605 N. Clayton Street

Mount Dora, FL 32757

Orange County US

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

605 N. Clayton Street

Mount Dora, FL 32757

Orange County US

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 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>	<u>Type of Action</u>
AMBR	Francisco Gonzalez	605 N. Clayton Street	<input type="checkbox"/> Add
		Mount Dora, FL 32757	<input type="checkbox"/> Remove
		US	<input checked="" type="checkbox"/> Change
AMBR	Leslie Riofrio	605 N. Clayton Street	<input type="checkbox"/> Add
		Mount Dora, FL 32757	<input type="checkbox"/> Remove
		US	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 AUG 6 PM 12:40

2023 Aug 10

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 AUG 16 PM 12:40

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 07/11 2023

/s/Francisco Gonzalez

Signature of a member or authorized representative of a member

Francisco Gonzalez, Member

Typed or printed name of signee

**Filing Fee: \$25.00**