# L23000453103

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### **COVER LETTER**

TO:

	gistration Se vision of Cor				
SUBJECT:		FIX IT PROPERTY MAINT	ENANCE AND MANAGEMENT	LLC	
SUBJECT	·	Name of Lim	ited Liability Company		
-					
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retui	all correspo	ndence concerning this matter	to the following:		
		SHAWN STUDENROTH			
			Name of Person	<del></del>	
		DOWN TO FIX IT PROP	ERTY MAINTENANCE AND MA	ANAGEMENT LLI	
			Firm/Company		
		1802 SW DAY STREET			
			Address		
		PORT ST LUCIE FL 349	53		
			City/State and Zip Code		
		STUDENROTH9111@GM			
		E-mail address: (	to be used for future annual report noti	fication)	
For further	information c	oncerning this matter, please c	all:		
SHAWN S	TUDENROT	Н	561 870-9410 at ( )		
Name of Person			e Telephone Number		
Enclosed is	a check for th	ne 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)	
	ailing Addres	<del>_</del>	<u>Street Address:</u> Registration Se	ction	
	_	orporations	-	Division of Corporations	
<b>P</b> .	O. Box 632	7	The Centre of T		
Та	Illahassee, I	L 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## DOWN TO FIX IT PROPERTY MAINTENANCE AND MANAGEMENT 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 10/02/2023 \_\_\_\_ and assigned Florida document number $\frac{1.23000453103}{1.23000453103}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

#### 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.

City

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>	Address	Type of Action
MGR	SHAWN STUDENROTH	1802 SW DAY ST	■Add
		PORT ST LUCIE FL 34953	
			□Change
	<del></del>	<del>.</del>	□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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			T Change

- 44	09/30/2023
tmec fan e	tive date, if other than the date of filing:
Note:	fi the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
accui	near 3 effective date on the Department of State 8 feetigs.
	ord 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
i rece	filed.
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e record is f	OCTOBER 17 2023
rd is f	OCTOBER 17 . 2023 .
rd is f	OCTOBER 17  2023  Signature of a member or authorized representative of a member