

L23000484208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

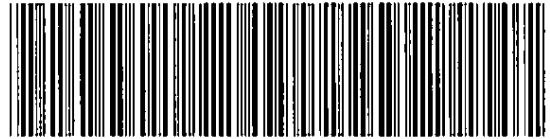
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/10/24--31012--007 \*\*25.00

2024 MAY 22 Fri 4:40

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FIX IT N AGET 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:

KEVIN MAHR  
Name of Person

FIX IT N AGET IT LLC  
Firm/Company

4375 76<sup>TH</sup> TERRACE  
Address

FINELLAS PARK, FL 33781  
City/State and Zip Code

KMAHR06@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN MAHR at (727) 542-8083  
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)
- \*ALREADY PAID

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 23, 2024

KEVIN MAHR  
4375 76TH TERRACE  
PINELLAS PARK, FL 33781

SUBJECT: FIX IT N 4GET IT  
Ref. Number: L23000484208

We have received your document for FIX IT N 4GET IT and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

What are you intending to amend? It appears you are attempting to file a new entity. However, this entity already exists in our records. Please see the enclosed print out. Please indicate the changes you wish to make on the enclosed amendment form.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah White  
Regulatory Specialist III  
Director's Office

Letter Number: 924A00008837

Rec  
5/22

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FIX IT N 4GET IT

(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 \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

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

FIX IT N 4GET IT, 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)

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

City

Florida

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

[illegible]

[illegible]

(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.

4/5, 2024

Handwritten signature: *K. K. K. K. K.*

Typed or printed name of signee

**Filing Fee: \$25.00**