L23ccs Bcs.

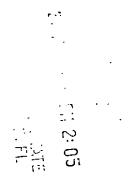
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400428390234

05./02/24--01004--008 **25.00



C5/C2/24

COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	DB And Sor	rs Fix It L.L.C		
SOBJECT		Name of Line	ized Lizbility Company	
		Amendment and fee(s) are sub- ndence concerning this matter	-	:
			Name of Person	
			Fun/Company	
			Address	
			City/State and Zip Code	<u> </u>
		·	to be used for future surred report moti	fication)
For further in	nonstron co	meerning this matter, please of	aR:	
Donald Breel	kenridge		386 688-6255 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
≅ \$ 25.00 F	īling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DB & SONS FIX IT L.L.C.		
(Name of the Limited Limbility Ca (A Florida Lim	empany as it now appears on our recorded Labelity Company)	<u> </u>
The Articles of Organization for this Limited Liability Comp	nany were liked on 11/16/2023	and assigned
Florida document number 1.23000518087	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company bere:	
The new name must be distinguishable and contain the words "Limited I	nabelity Company," the designation "11:	CT on the abbrer intion "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		·1
Mailing address MAY BE A POST OFFICE BOX)		.T: No
22.11.02.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2		
		O1
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, <u>ente</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street oddre	33
	, FI	lorida
	Car	Tso 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 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>	Name	Address	Type of Action
MGR	Donald I_ Breckenridge Jr.	1304 Sw County Road 242a Lake City, FI 32025	B Add
			□Remove
			[Change
			
			Respoye
			\(\begin{align*} \alpha \\ \cdot \cdot \\ \cdot \cdot \\ \cdot \cdot \\ \cdot \cdot \cdot \\ \cdot \cdot \cdot \cdot \cdot \\ \cdot
		(-)	□ □ Remove □ □ Change
			🖸 Add
			□Remove
			fiChange
			DAN
			Перкле

	7.5% 7.5%	를 <u>-</u> 당 -