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DATE:

02/16/2024

NAME:

FIX BUILD INTERIORS LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

Registration Section Division of Corporations

SUBJECT: TX BULD INTERLORS UC  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:
Kryten Volling Name of Person  Fix Buld Interiors LLC  Firm/Company  320 Warfield Avenue Units of Address  Venue FL 34285  City/State and Zip Code  fix build in Heriors @ amail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (941, 204 BOS)  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- FIX BUILD	INTERLORS L	1C
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears of our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>124000055(e15</u>	any were filed on Janu	uary 30,202 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	2	762
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SE T
		E S
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, g	enter the name of the new registered
Name of New Registered Agent:		<del>-</del>
New Registered Office Address:		
	Enter Florida street	address
		_, Florida
New Desires and Associate Charles and Burney	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 Title Type of Action Name Kruten Young 320 Warfield Ivenue unit le Raymond Garcia 320 W \_ 🗆 Add ☐ Remove □Change □Add □Add □Remove Change  $\square$ Add □Remove

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ffective date, if other than the an effective date is listed, the date in this ocument's effective date on the	ust be specific and block does not n	cannot be prior to neet the applica	o date of filing or r	nore than 90 days aft	er filing.) Purs	uant to 605.020 not be listed a
record specifies a delayed effect is filed.	ive date, but not	an effective tir	ne, at 12:01 a.m.	on the earlier of: (	(b) The 90t	h day after the
ated February	4	2024				
J	10	m				
	Signature of a r	namber or author	ized representative	of a member		

Filing Fee: \$25.00