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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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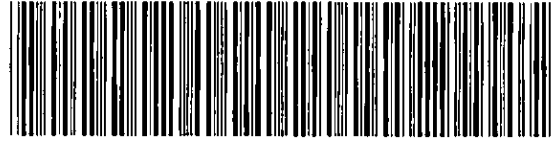
(Business Entity Name)

(Document Number)

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SOUTH FLORIDA
TALLAHASSEE, FL

1717-013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCCLEES FIXIT, 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:

ERIC MCCLEES
Name of Person

MCCLEES FIXIT, LLC
Firm/Company

8107 STONEBROOK DR
Address

SANFORD, FL 32773
City/State and Zip Code

ericmcclrees98@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC MCCLEES at (407) 547-7728
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

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STATE
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MCCLEES FIX IT, 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 02-13-2024 and assigned Florida document number L24000077474.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8107 STONEBROOK DR
SANFORD, FL 32773

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8107 STONEBROOK DR
SANFORD, FL 32773

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:

ERIC M MCCLEES

New Registered Office Address:

8107 STONEBROOK DR

Enter Florida street address

SANFORD

City

Florida 32773

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	ERIC McClees	8107 STONEBROOK DR	<input checked="" type="checkbox"/> Add
		SANFORD, FL 32773	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SEAN McClees	917 20TH ST	<input type="checkbox"/> Add
		Orlando, FL 32805	<input checked="" type="checkbox"/> Remove
		AMBR TO MGR	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 9-1-24 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 September 1, 2024

Sean M McClean

Signature of a member or authorized representative of a member

Sean Michael McClellan

Typed or printed name of signee

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JUDGE STAFF
TALLAHASSEE, FL