L24000256917

(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



100429162041

1504250 60044 60.50500 000

ALLAHASSEE, FLOR

RECEIVED

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: FixPo	to LLC			
SUBJECT:	Name of Lim	ited Liability Company	 	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	alex	Sei Popov Name of Person		
		Firm/Company		
	100 Bou	cle Jeanne Cir	- apt 360	
	Maitland	City/State and Zip Code		
	699. D	opov@gmail.com	ification)	
For further information co	ncerning this matter, please ca	all:		
Clies Name of	ei Popol Person	at (324) 274 S Area Code Daytim	+05 te Telephone Number	
Enclosed is a check for the	e 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 S		Street Address: Registration Se	ction	
Division of Co	orporations	Division of Cor	Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, F			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FixPro LhC		
(Name of the Limited Liability Company a (A Florida Limited Liab	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we	vere filed on June 5 2024 and assigned	
Florida document number <u>L24000256817</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
Fix Pro Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liability (y 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 add agent and/or the new registered office address here:	ldress on our records, enter the name of the new regi	<u>stere</u>
Name of New Registered Agent:		
New Registered Office Address:	:	
1 10 W Nagional Street Street	Enter Florida street address	
	Florida	
	Cuy Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document	ł

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		🗆 Add	
			□Remove
			[] Change
			🗀 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			∏ Change

_	
-	
_	
_	
_	
_	
_	
_	
(If an effective Note: I	re date, if other than the date of filing:
he record ord is file	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 d.
Dated _	June 11 2024.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00