# L74000780399

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Needs Fixing LLC 13143 SW TITH LN (IV (11:305-900-0449 Kevintuis Casta Comile Please See Address Update Regulat Attached.

# **COVER LETTER**

### TO: Registration Section Division of Corporations

NEEDS FIXING LLC

SUBJECT:

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 L Costa

Name of Person

NEEDS FIXING LLC

Firm/Company

13143 SW 11th LN CIR

Address

Miami FL 33184

City/State and Zip Code

KevinluisCosta@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

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

NEEDS FIXING LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited I Florida document number <u>L24000280399</u>	Liability Company	were filed on <u>06/20/2024</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	<u>ility company here</u> :	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		13143 sw 11th Lane Cur	
(Principal office address MUST BE A STREET ADDRESS)		Miami FL 33184	
			20
Enter new mailing address, if applicable:		PO Box 160053	
(Mailing address MAY BE A POST OFFICE BOX)		Miami FL 33116	1
B. If amending the registered agent and/or	registered office	address on our records. ent	
agent and/or the new registered office addre	ess here:		$\omega$
Name of New Registered Agent:	Kevin L Costa		
New Registered Office Address:	13143 sw 11th	Lane Cir	
		Enter Florida street add	lress
	Miami	,	Florida 33184
		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

,

<u>Title</u>	Name	Address	<b>Type of Action</b>
MGR	Kevin Costa	PO BOX 160053	■Add
		Miami FL 33116	
			Change
			🗆 Add
			□Change
			🗆 Add
		<u> </u>	
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		<u> </u>	🗆 Remove
		<u> </u>	Change
			□Add
			Change

D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_(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) <u>Note:</u> 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.

09/23/2024 Dated	
Trated	
The second secon	
Signature of a member or authorized representative of a member	

Kevin I. Costa

Typed or printed name of signee