

L25000002649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

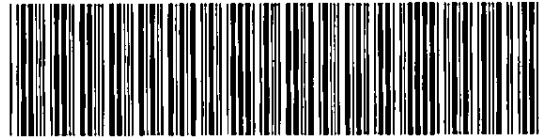
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Wmills

Office Use Only



700442780947

01/17/25--01013--017 \*\*25.00

2025 JAN 17 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Smart Fix Fort Myers 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:

Jordan Paul Goodwin

Name of Person

Smart Fix Fort Myers LLC

Firm/Company

6611 Lakeshore Ln, Fort Myers, FL 33912

Address

Fort Myers, FL 33912

City/State and Zip Code

jgbusiness2023@outlook.com

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

For further information concerning this matter, please call:

Jordan Paul Goodwin

Name of Person

at ( 239 )

Area Code

849 3365

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

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

Smart Fix Fort Myers 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 12/30/2024 and assigned Florida document number L25000002649.

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 "LLC."

**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 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:

JAZ Enterprise LLC

New Registered Office Address:

4870 Windsor Landing Dr, Unit 12-104

Enter Florida street address

Fort Myers

City

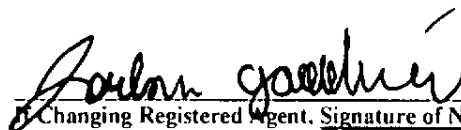
Florida

33966

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.*



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>                      |
|--------------|---------------------------|----------------------------------|--------------------------------------------|
| <u>MGR</u>   | <u>Jordan Goodwin</u>     | <u>6611 Lakeshore Ln,</u>        | <input type="checkbox"/> Add               |
|              |                           | <u>Fort Myers, Florida 33912</u> | <input checked="" type="checkbox"/> Remove |
|              |                           | <u></u>                          | <input type="checkbox"/> Change            |
| <u>MGR</u>   | <u>JAZ Enterprise LLC</u> | <u>4870 Windsor Landing Dr,</u>  | <input checked="" type="checkbox"/> Add    |
|              |                           | <u>Unit 12-104,</u>              | <input type="checkbox"/> Remove            |
|              |                           | <u>Fort Myers, Florida 33966</u> | <input type="checkbox"/> Change            |
| <u></u>      | <u></u>                   | <u></u>                          | <input type="checkbox"/> Add               |
|              |                           | <u></u>                          | <input type="checkbox"/> Remove            |
|              |                           | <u></u>                          | <input type="checkbox"/> Change            |
| <u></u>      | <u></u>                   | <u></u>                          | <input type="checkbox"/> Add               |
|              |                           | <u></u>                          | <input type="checkbox"/> Remove            |
|              |                           | <u></u>                          | <input type="checkbox"/> Change            |
| <u></u>      | <u></u>                   | <u></u>                          | <input type="checkbox"/> Add               |
|              |                           | <u></u>                          | <input type="checkbox"/> Remove            |
|              |                           | <u></u>                          | <input type="checkbox"/> Change            |
| <u></u>      | <u></u>                   | <u></u>                          | <input type="checkbox"/> Add               |
|              |                           | <u></u>                          | <input type="checkbox"/> Remove            |
|              |                           | <u></u>                          | <input type="checkbox"/> Change            |

[illegible]

(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.

Dated January 6, 2025

Signature of a member or authorized representative of the contractor

Jordan Paul Goodwin  
Typed or printed name of signer