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COVER LETTER

TO: Amendment Section Division of Corporations FIXIT MECHANICAL SERVICE CORP. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **KERRIE ELLIS** Name of Contact Person FIXIT MECHANICAL SERVICE CORP. Firm/ Company **4632 NW 8TH TERRACE** Address OAKLAND PARK FL 33309 City/ State and Zip Code fixitmechanicalservice@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MIKE ELLIS Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **■**\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FIXIT MECHANICAL SERVICE CORP.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P14000002948	tly filed with the Florida Dept. of State)		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
N/A	The new		
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	4632 NW 8TH TERRACE		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	OAKLAND PARK, FL		
	33309		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4632 NW 8TH TERRACE		
	OAKLAND PARK, FL		
	33309		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			
Name of New Registered Agent N/A	·		
(Florida s	treet address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
New Designation of America Clausetone 15 than 15 The 144 and America			
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian			
Signature of New	Registered Agent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	MITCHELL ELLIS	5308 N ANDREWS AVE
X Add			FORT LAUDERDALE, FL
Remove			33309
2) Change	S	KERRIE ELLIS	231 NE 49TH STREET
X Add			OAKLAND PARK, FL
Remove			33334
3) Change		The state of the formation of the state of t	***************************************
Add		,	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
/A	
<u> </u>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	MIKE ELLIS
1% OF 100 SHARES TO BE HELD BY	
1% OF 100 SHARES TO BE HELD BY 9% OF 100 SHARES TO BE HELD BY	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	09/23/2015	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this e Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment e sufficient for approval.	nt(s)
	e approved by the shareholders through voting groups. The following state of for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareho	lder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
09/23/2 Dated	2015	
Signature /	Millo Ger.	
(By	y a director, president or other officer - if directors or officers have not bee	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other copointed fiduciary by that fiduciary)	ourt
	MIKE ELLIS	
	(Typed or printed name of person signing)	•
	PRESIDENT	
	(Title of person signing)	