

214000089665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

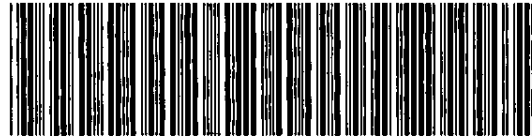
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700263436927

08/22/14--01004--008 **30.00

2014 AUG 22 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 25 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fixemz Tech Support, 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:

Robert Hall
Name of Person
Fixemz Tech Support, LLC
Firm/Company
4863 Willow Drive
Address
Boca Raton, FL 33487
City/State and Zip Code
ciara@moodyaccounting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ciara Garcia at (**954**) **423-3577**
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
 2014 AUG 22 PM 3:09
 TALLAHASSEE, FLORIDA
 DIVISION OF CORPORATIONS
 STATE OF FLORIDA

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

Fixemz Tech Support, 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 June 3, 2014 and assigned Florida document number L14000089005.

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 end with the words "Limited Liability Company," the designation "L.L.C." 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 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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

City

2011 AUG 22 PM 8:05
CLERK OF COURT
STATE OF FLORIDA
TALLAHASSEE

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 the Managers' or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Brian Dubbs	701 South Swinton Avenue	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33444	<input type="checkbox"/> Remove
		<i>Brian Dubbs</i>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove


2014 AUG 22 PM 3:09
 FILED
 DEPT. OF STATE
 MASSACHUSETTS

FILED

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

E. Effective date, if other than the date of filing. _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 10 , 2014



Signature of a member or authorized representative of a member

Robert Hall

Typed or printed name of signee

2014 AUG 22 PM 3: 09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED