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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT:	FBX JAX	· UC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	3	
	-1.	add amil.	
		Name of Person	
		Fby Jay U	C 703 Ja
	11113 1	Biscorgne BWC	1, # 1055
	North Mic	City/State and Zip Code	181
<b>X</b> { +	Stock o to E-mail address: (	odd a smail to be used for future sinual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Todd Name o	STOCK f Person	at ( <u>Q17)</u> Area Code Daytim	S 499 4957 e Telephone Number
Enclosed is a check for th	ne 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	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TYOX JAX L	IC
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L 23 600 163</u> . 296	were filed on $\frac{4 3 2023}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7.023
(Principal office address MUST BE A STREET ADDRESS)	
	7.4 
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Auditess.	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David Peckerman	11113 Biscayne Blvd	<b>%</b> Add
		# 1055	□ Remove
		Norm miami, FL 3318	□Change
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ective date, if other than the date of fil effective date is listed, the date must be specific	and cannot be paior to dat	e of filing or more than 90	(optional) ) days after filing.) Pu	rsuant to 605.03
te: If the date inserted in this block does no cument's effective date on the Department of		tatutory filing require	ments, this date wil	I not be listed
cord specifies a delayed effective date, but it s filed.	not an effective time, a	t 12:01 a.m. on the ear	lier of: (b) The 90	Oth day after th
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