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| (Re                     | questor's Name)  | )            |
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| PICK-UP                 | ☐ WAIT           | MAIL         |
| (Bu                     | siness Entity Na | ime)         |
| (Do                     | cument Number    | ·)           |
| Certified Copies        | _ Certificate    | es of Status |
| Special Instructions to | Filing Officer:  |              |
|                         | Q. SILAS         | i            |
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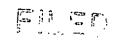
2022 JEH - S PM 5: 02

## **COVER LETTER**

|                | gistration Se<br>ision of Cor |  |   |  |
|----------------|-------------------------------|--|---|--|
| SUBJECT:       | Cox Run R                     | ealty, LLC                                   |   |  |
| SUBJECT        | -                             | Name of Lim                                  | ited Liability Company  |  |
| The enclosed   | l Articles of                 | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return  | all correspo                  | endence concerning this matter               | to the following:   |  |
|                |                               | Ashley B. Rogers                             |   |  |
|                |                               |  | Name of Person  |  |
|                |                               | Dunlap & Shipman, P.A.                       |   |  |
|                |                               |  | Firm/Company  | <del></del>  |
|                |                               | 2063 S. County Hwy. 395                      |   |  |
|                |                               |  | Address   | <del></del>  |
|                |                               | Santa Rosa Beach, FL 324                     | 59  |  |
|                |                               |  | City/State and Zip Code   | <del></del>  |
|                |                               | pillowhead39@aol.com                         |   |  |
|                |                               | E-mail address: (                            | to be used for future annual report no                              | otification)   |
| For further in | nformation c                  | oncerning this matter, please c              | all:  |  |
| Ashley B. R    | ogers (ashle                  | y@dunlapshipman.com)                         | 850 231-3315  |  |
|                | Name o                        | f Person                                     | at ()<br>Area Code Dayti  | me Telephone Number  |
| Enclosed is a  | check for th                  | ne following amount:                         |   |  |
| □ \$25.00 F    | Filing Fee                    | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                | iling Addres                  |  | Street Address:<br>Registration S                                   | Section  |
|                | _                             | orporations                                  | Division of Co  |  |
| P.C            | ). Box 632                    | 7  | The Centre of   | Tallahassee  |
| Tal            | lahassee. I                   | FL 32314                                     | 2415 N. Moni  | roe Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JAN -3 PH 5: 01

| Cox Run Realty, LLC  | 2 777 6 91   |
|--|--|
| (Name of the Limited Liability Compar<br>(A Florida Limited L  | ny as it now appears on our records.)                            |
| The Articles of Organization for this Limited Liability Company Florida document number L21000450537 |  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liabi   | lity company here:   |
| Rowgena Donielle Cox. LLC  | <u></u>  |
| The new name must be distinguishable and contain the words "Limited Liabili                          | ity Company," the designation "LLC" 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 a                                       | iddress on our records, enter the name of the new register       |
| agent and/or the new registered office address here:   |  |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   |  |
|  | Enter Florida street address                                     |

## 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.

City

, Florida \_\_

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> | Type of Action |
|--------------|-------------|----------------|----------------|
|              |             |                | □ Add          |
|              |             |                | □Remove        |
|              |             |                | Change         |
|              |             |                |                |
|              |             |                | □Remove        |
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|              |             |                | □ Add          |
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|              |             |                | □Change        |
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|              |             |                | □Change        |
|              |             |                |                |
|              |             |                | Remove         |
|              |             |                | □Change        |

| Effective date, if other than the date of filing:  [If an effective date is issed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  The effective date on the Department of State is records.  The effective date on the date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.  Signature of a member of authorized representative of a member.  R. Donielle Cox | -                   |   | ·                     |                     | <del></del>                             | -   |  | <del></del>               |
|--|---------------------|---|-----------------------|---------------------|---|---|--|---------------------------|
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  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 rd is filed.  December 12  Signature of a member of authorized representative of a member.   | _                   |   |                       |                     |   |   |  |                           |
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| Dated December 12 , 2021  Signature of a member of authorized representative of a member   | Note:               | If the date inserted                          | in this block does    | not meet the appl   | icable statutory fi                     | r more than 90 days :<br>ling requirements, | ptional)  After filing.) Pursuant to this date will not be | 605.0207 (<br>listed as t |
| Signature of a member of authorized representative of a member   | record<br>d is file | l specifies a delaye<br>ed.                   | ed effective date, bu | it not an effective | time, at 12:01 a.i                      | m. on the earlier of                        | (b) The 90th day   | after the                 |
|  | Dated_              | December 12                                   |                       | 2021                | ·                                       |   |  |                           |
|  |                     | R. D  | Signature             | of a member or aut  |   | ive of a member                             |  | _                         |
|  |                     |   |                       |                     |   |   |  |                           |

Filing Fee: \$25.00