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COVER LETTER

TO: Registration Section **Division of Corporations** Florida Gray Fox Lane, 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: Gary Davis Name of Person Whatlef, Inc. Firm/Company 6030 Jonathans Bay Cir, Unit 502 Address Fort Myers, FL 33908 City/State and Zip Code Whatlef@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gary Davis Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25,00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations [†] Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L0400074397	npany were filed on 10/13/2004	and assigned
	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Peace River Soap Company, LLC	;	
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(2.2)	y1 4
		V No.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		William Co
		- 15° m
B. If amending the registered agent and/or register registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Florida Gray Fox Lane, LLC

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Remove
			□ Remove
			□ Add
			□ Remove
			☐ Remove

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Filing Fee: \$25.00