0500113496

·+j.

(Requestor's Name)				
(Address)				
,				
(Address)				
(City/Chata/Zin/Dhana th				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
ŕ				
·				

Office Use Only



600132635656

07/11/08--01019--004 **55.00

SECREDAY OF STATE

M. THOMAS

JUL 1 4 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Fox	Family LLC (Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Resert 0	(Name of Person)	
	FOX FAMILY		
	5380 Held	(Address)	
	Orlanda, Fo	(City/State and Zip Code)	<u> </u>
For further information co	oncerning this matter, please c		
Reserve (Name o	of Person)	at (32/) 235 8 (Area Code & Daytime T	
Enclosed is a check for th	ne following amount:		OF ST. PLOP
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fox FAMILY CO	cility Company as it now appears on ou	r records)		
(A Flor	ida Limited Liability Company)	1 (Colus.)		
The Articles of Organization for this Limited Liabili	ty Company were filed on	and assigned		
Florida document number <u>LOS 600//3</u>	456	•		
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company here:			
		arran da 11		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable				
(Principal office address MUST BE A STREET A	DDRESS)			
		<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
D 10 11 11 11 11 11 11 11 11 11 11 11 11		and and the name of the name		
B. If amending the registered agent and/or registered agent and/or the new registered office		orus, enter the name of the new		
-				
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:				
(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 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name <u>Address</u> **Type of Action** MGRM JAMES E. Helles JR ☐ Add Remove Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JAMES E. Holles JC 2008 Obbest L- Fox MANAGNIC MEMBER.

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00