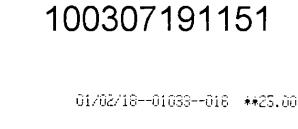
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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S. WARREN JAN 03 2018

## **COVER LETTER**

TO: Registration Se Division of Cor			
Fox Hollow			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Roger Trea		
		Name of Person	<del></del>
		Firm/Company	<del></del>
	5364 Buckhead Circle		
		Address	<del>, , ,</del>
	Boca Raton FL 33486		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	rogertrea@bellsouth.net	to be used for future annual report notifi	
For further information co	oncerning this matter, please c	·	cauon
Roger Trea		954 701-1123 at () Area Code Daytime	
Name o	f Person	Area Code Daytime	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 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

\* Please process before end of 2017

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liah (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability  Plorida document number L06000031999	Company were filed on 3/27/2006	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	ORESS)	<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
<ol><li>If amending the registered agent and/or reg egistered agent and/or the new registered office ad</li></ol>		enter the name of the
egistered agent and/or the new registered office an	idigas nere.	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
		da
	City	Zip Code

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

Fox Hollow LLLC

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 pocument 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 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
AMBR	Roger Trea	5364 Buckhead Cir Boca Raton FL	■ Add
			□ Remove
			☐ Change
-			Add
			□ Remove
			Change
			□ Add
			Remove
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	er than the date of fili	ng: 12/26/2017	<u> </u>	(optional)		
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an effective date is listed, ote: If the date inserts ocument's effective da record specifies	, the date must be specific as ed in this block does not	'State's records.  date, but not a				
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Filing Fee: \$25.00