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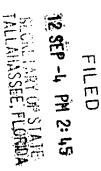
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N. Culligan SEP - 3/2003

## **COVER LETTER**

Division of Corporations
SUBJECT: FUXX AND ASSOCIATES L.C.
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:
RICHARD FOX
Name of Person
_
Firm/Company
1129 CHANGE ST
1129 CHANCES ST. Address
CLEARWATER FL 55/33
C(eARWATEL FL 33755  City/State and Zip Code  Fox X AND ASSOCIATES @ GMAIL. COM  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RICHARD FOXX at (722) 743 - 8048  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution Filing Fee & Solution Status} \text{Solution Filing Fee & Solution Status} \text{Solution Filing Fee & Solution Status} \text{Certificate of Status} \text
(additional copy is enclosed) 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

FILED

12 SEP -4 PM 2: 45

FOXX AND ASSOCIATES	L. CALLAHASSES D. ONTE.
(Name of the Limited Liability Company as it now appears  (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number <u>L100000 8869</u> ./	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	
The new name must be distinguishable and end with the words "Limited Liability Compar	ESPARE LLC.
The new name must be distinguishable and end with the words "Limited Liability Compar"L.L.C."	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	A
Enter new mailing address, if applicable:	1/A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on or registered agent and/or the new registered office address here:	
Name of New Registered Agent: (SAME) RICK  New Registered Office Address: 1129 CHARLES  Ent	HAND FOXX
New Registered Office Address: 1129 CHANCES	57.
Ent	er Fioriaa sireei aaaress
City	, Florida <u>33755</u> 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 Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action Title Address** Name ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member 16HARD Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00