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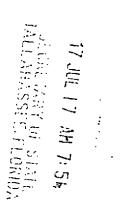
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| Div | ision of Cor | porations | | |
|---------------------|---------------|--|---|--|
| SUBJECT: | FOX ALTE | ERATIONS, INC | | |
| Semmer. | | Name of Lim | ited Liability Company | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| | | ndence concerning this matter | | |
| | | ROSA ESTELA MORAL | ES | |
| | | | Name of Person | |
| | | AXIOM ACCOUNTI NG | . INC | |
| | | · | Firm Company | |
| | | 4951 TAMIAMI TRAIL C | ONRTH SUITE 103 | |
| | | | Address | · |
| | | NAPLES, FL 34103 | | |
| | | estelamorales07@comcast. | | |
| r e a : | | | to be used for future annual report | notification) |
| | | oncerning this matter, please ca | 311: | |
| ROSA ESTELA MORALES | | 239 302-378 at () | | |
| | Name o | i Person | Area Code Da | cytime Telephone Number |
| Enclosed is a | check for th | e following amount: | | |
| ■ \$25.00 F | iling Fec | ☐ \$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

TO:

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 ALTERATIONS, LLC

| pany as it now appears on our (d Liability Company) | records.) |
|---|--|
| ny were filed on 06/27/2011 | and assigned |
| | |
| ability company here: | |
| ibility Company," the designation | "LLC" or the abbreviation "L.E.C." |
| | <u> </u> |
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| | cords, enter the name of the |
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| City | _, Florida |
| - | ny were filed on 06/27/2011 ability company here: |

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.

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> | Address | Type of Action |
|--------------|--------------------------|---------------------------|----------------|
| MRGM | ELBA ROCIO ROBERSON | 1963 IMPERIAL COURSE BLVD | |
| | | NAPLES, FL 34110 | ■ Remove |
| | | | Change |
| MRGM | YARASAIDY PILETA RODRIGU | 4367 22ND PL SW | ■ Add |
| | | NAPLES, FL 34120 | Remove |
| | | | □ Change |
| | | | |
| | | | Remove |
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| E CC. a. | ve date, if other than the date of filing: (optional) |
| r.meet If an efi | ve date, if other than the date of filing: |
| Note: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| docun | ent's effective date on the Department of State's records. |
| | |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed. |
| 1110 | |
| | mly 11 10 2017. |
| | $A \times A \times$ |
| Dated | |
| Dated | Degria allega |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00