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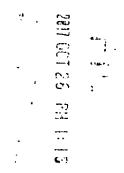
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1. HARRIS

COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT: Foxy	Locks The	enational, LLC	ر ا
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Michelle N	Jelson Name of Person	
	Casa di	Fox Firm/Company	 _
	11356 Cora	Lucod Court	
		FL 334/4 City/State and Zip Code	
	Casadifox(E-mail address:	O O O O O O O O O O O O O O O O O O O	ification)
For further information c	oncerning this matter, please ca	all:	
Mi Chelle Name o	Nelson f Person	at (56 () 4/3 - Area Code Daytin	-8768/ ne Telephone Number
Enclosed is a check for the	ne following amount:		/
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee. 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

FOXY Locks Ind (Name of the Limited Liability) (A Florida)	y Company as it now appears on or Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L13000137524</u>	1	o/20/3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit Casa di Fox The new name must be distinguishable and contain the words "Limit	Slobal.LLC	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:		(b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stra	et 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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing	or more than 90 days after filing.) Pu	arsuant to 60:	5.021
lote: If the date inserted in this block does not meet the applicable statutory	filing requirements, this date wil	ll not be list	ed a
ocument's effective date on the Department of State's records.			
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e record specifies a delayed effective date, but not an effecting. The 90th day after the record is filed.	ve time, at 12:01 a.m. on	the earli	er (
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ated October 20 2017	**		
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		20 H#Z	12
Signature of a member or authorized represent		2#11 CCT 25	12 10 .

Page 3 of 3

Filing Fee: \$25.00