

15000125489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

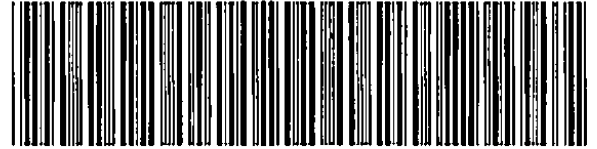
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500324253605

02/08/19--01010--031 **25.00

FILED
2019 FEB -8 PM 4:56
CLERK OF STATE
TALLAHASSEE, FL

C. GOLDEN
FEB 14 2019

COVER LETTER

TO: **Registration Section**
 Division of Corporations

SUBJECT: Fox Total Home, LLC.

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:

Deane B. Fox

Name of Person

Fox Total Home, LLC.

Firm/Company

321 Taylor Street

Address

Punta Gorda, Florida 33950

City/State and Zip Code

dbotfox@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deane B. Fox

305

340-1767

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2019 FEB -8 PM 4: 56

FOX TOTAL HOME, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SEAL
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 7/22/2015 and assigned
Florida document number L15000125489.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Morgan Fox	P.O. Box 371001	<input type="checkbox"/> Add
		Key Largo, FL 33037	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Donald K. Raper	P.O. Box 3263	<input checked="" type="checkbox"/> Add
		Key Largo, FL 33037	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stephen Ingle	25213 Aysen Drive	<input type="checkbox"/> Add
		Punta Gorda, Florida 33983	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Update Address for Stephen Ingle from 25213 Aysen Drive, Punta Gorda, FL 33983.

New Address for Stephen Ingle is 101 Seashore Drive, Islamorada, FL 33036

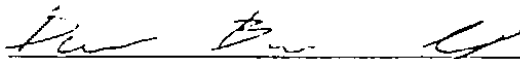
E. Effective date, if other than the date of filing: _____ (optional)

(If 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.) Pursuant to 605.0207 (3)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated February 4th, 2019



Signature of a member or authorized representative of a member

Deane B. Fox

Typed or printed name of signer