## 115000 150981

| (Req                      | uestor's Name)  |                                       |
|---------------------------|-----------------|---------------------------------------|
| (Add                      | ress)           |                                       |
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| (City)                    | /State/Zip/Phon | e #)                                  |
| PICK-UP                   | WAIT            | MAIL                                  |
| (Bus                      | iness Entity Na | ne)                                   |
| (Doc                      | ument Number)   | · · · · · · · · · · · · · · · · · · · |
| Certified Copies          | Certificate     | s of Status                           |
| Special Instructions to F | iling Officer:  |                                       |
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Office Use Only



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MAR 0 6 2019 S. YOUNG TETATOR FLORIDA



February 16, 2019

F DEEN FOX FOX 401, LLC 4618 61ST DRIVE E BRADENTON, FL 34203

SUBJECT: FOX 401, LLC Ref. Number: L15000150981

We have received your document for FOX 401, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 719A00003370

ECEIVED

SECRETAL PH 4: 0: SECRETAL ARBESTS SIND

## **COVER LETTER**

|                            | Name of Lim                                  | ited Liability Company   | <del></del>   |
|----------------------------|--|--|---|
| The enclosed Articles of   | Amendment and fee(s) are sub                 | mitted for filing.   |   |
| Please return all correspo | ondence concerning this matter               | to the following:  |   |
|                            | Do   | Name of Person   |   |
|                            | Fc   | X 401 LLC<br>Firm/Company  |   |
|                            | 4618   | 615+ Drive E   |   |
|                            | B_ca   | denton, FL 34203<br>City/State and Zip Code<br>ce@jimgaycpa.com<br>to be used for the are annual report notice | 3   |
|                            | E-mail address: (                            | ce@jimqaycpa. Cov  | <u>n</u><br>lication)   |
| For further information of | concerning this matter, please ca            | ail:   |   |
| Name o                     | Fox  | at ( <u>941</u> ) <u>302</u> 8<br>Area Code Daytime  | OO  <br>e Telephone Number  |
| Enclosed is a check for t  | he 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| MAIL                       | ING ADDRESS:                                 | STREET/COURI   | ER ADDRESS:   |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Fox 401 LL(   | Company as it now appears on our records.) mited Liability Company)         |
|---|---|
| (A Florida Li   | mited Liability Company)  |
| The Articles of Organization for this Limited Liability Con   | npany were filed on 9.9.2015 and assigned                                   |
| Florida document number <u>L 15000150981</u>  |   |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited  | d liability company here:   |
| The new name must be distinguishable and contain the words "Limited   | d Liability Company," the designation "LLC" or the abbreviation "L.L.C."    |
| Enter new principal offices address, if applicable:   |   |
| (Principal office address MUST BE A STREET ADDRE.   | <u>ss)</u>  |
| Enter new mailing address, if applicable:   | Allassi.  |
| (Mailing address MAY BE A POST OF FICE BOX)   |   |
|   | 0 2   |
|   | 37  |
| B. If amending the registered agent and/or register registered agent and/or the new registered office address | red office address on our records, <u>enter the name of the ness here</u> : |
|   |   |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  |   |
|   | Enter Florida street address  |
|   |   |
|   | Cuy 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, enter the title, name, and address of each person being a or removed from our records:

| MGR =  | Manager    |        |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address             | Type of Action |
|--------------|-------------|---------------------|----------------|
| MGR_         | -Kelly Fox  | 4618 61st Dr. E     | <b>X</b> /Add  |
|              | ·           | Bradenton, FL 34203 | Remove         |
|              |             |                     | ☐ Change       |
| <del></del>  |             |                     | □ Add          |
|              |             |                     | ☐ Remove       |
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|              |             | □ Remove            |                |
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|              |             |                     | □ Remove       |
|              |             |                     | Change         |

| •     | name any other miormation, enter change(s) here. (Anden talamonal sheets, if necessarys)   |
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| Note: | ive date, if other than the date of filing:  |
|       | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | Feb. 28 2019   |
|       | Signature of a member or authorized representative of a member   |
|       | F. Deen Fox Typed or printed name of signee  |
|       | Typed or printed name of signee  |

Page 3 of 3

Filing Fee: \$25.00