

L16000004979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

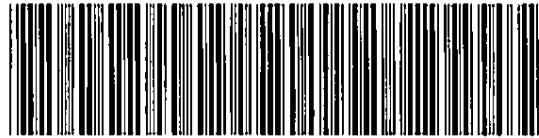
(Business Entity Name)

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2020 DEC -4 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FL

SP 12/4



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squirepattonboggs.com

Wayne N. Bradley
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December 3, 2020

VIA FEDEX

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Articles of Amendment to Articles of Organization for Fabrox, LLC

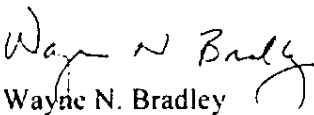
Dear Clerk:

Enclosed for filing with the Florida Department of State is the original cover letter and Articles of Amendment to Articles of Organization for Fabrox, LLC. Also enclosed is a check in the amount of \$25.00 to cover the filing fee.

Thank you for your assistance with this matter, and please feel free to call me if you have any questions.

Sincerely,

Squire Patton Boggs (US) LLP


Wayne N. Bradley

COVER LETTER

TO: Registration Section
Division of Corporations

FILED

SUBJECT: FABROX, LLC

Name of Limited Liability Company

2020 DEC -4 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wayne Bradley, Esq.

Name of Person

Squire Patton Boggs (US) LLP

Firm/Company

1230 Peachtree Street, NE, Suite 1700

Address

Atlanta, GA 30309

City/State and Zip Code

wayne.bradley@squirepb.com

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

For further information concerning this matter, please call:

Troy Olson

at (904)

342-4048 Ext. 201

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2020 DEC -4 PM 3:47

FABROX, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on January 6, 2016 and assigned
Florida document number L16000004979.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2B SUNSHINE BOULEVARD

ORMOND BEACH, FLORIDA 32174

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2B SUNSHINE BOULEVARD

ORMOND BEACH, FLORIDA 32174

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

Name of New Registered Agent:

New Registered Office Address:

2B SUNSHINE BOULEVARD

Enter Florida street address

ORMOND BEACH

City

Florida 32174

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 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	DANIELLE OLSON	3520 AGRICULTURAL CENTER DRIVE, #310	<input type="checkbox"/> Add
		ST. AUGUSTINE, FLORIDA 32092	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TROY OLSON	2B SUNSHINE BOULEVARD	<input type="checkbox"/> Add
		ORMOND BEACH, FLORIDA 32174	<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
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			<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.)*

[illegible]

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)(b)

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 12/3/20 .

Signature of a member or authorized representative of a member

TROY OLSON

Typed or printed name of signee

Filing Fee: \$25.00