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| (Requestor | s Name) |
|----------------------------------|-----------------------|
| (Address) | |
| (Address) | |
| (City/State/2 | Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Business E | Entity Name) |
| (Document | Number) |
| Certified Copies C | ertificates of Status |
| Special Instructions to Filing O | fficer. |
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Office Use Only



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COVER LETTER

| | egistration Sec ivision of Corp | | | |
|----------------|------------------------------------|--|---|---|
| aran Hezer | FOX CHAS | E LLC | | |
| SUBJECT | : | Name of Limi | ted Liability Company | |
| The enclose | ed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | |
| Please retu | m all correspo | ndence concerning this matter (| to the following: | |
| | | BOULES N TADROS | | |
| | | | Name of Person | |
| | | FOX CHASE LLC | | |
| | | | Firm/Company | |
| | | 1040 SPANISH OAKS BL | VD. | |
| | | | Address | _ |
| | | PALM HARBOR, FL 3468 | 83 | |
| | | | City/State and Zip Code | |
| | | boulestadros@gmail.com | to be used for future annual report notifi | cations |
| For further | information co | oncerning this matter, please ca | | (Carlott) |
| EMILE W | АНВА | | 718 520-1809 | |
| Name of Person | | at () | Telephone Number | |
| Enclosed is | s a check for th | ne 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

| POX CHASE LLC | | | | | | |
|---|---|---|---------------------------------------|------------------|-------------|-------|
| (Name of the Lim | ited Liability Compa (A Florida Limited) | iny as it now appears on our re Liability Company) | ecords.) | | | |
| The Articles of Organization for this Limited I Florida document number L16000135640 | Liability Company | were filed on JULY 19, 20 | 16 | _ and as | ssigne | d |
| This amendment is submitted to amend the fol | llowing: | | | | | |
| If amending name, enter the new name of the limited liability company here: e 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) 200. 28 LETULDS | | | | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation | "LLC" or the abbre | viation "I | L.C." | |
| Enter new principal offices address, if applicable: | | 1040 SPANISH OAKS BE | LVD. | | | |
| (Principal office address MUST BE A STRE | ET <u>ADDRESS)</u> | DATACHARDOD PL 23692 | | | | |
| | | | | | | |
| Enter new mailing address, if applicable: | | 208-28 15TH DR. | | | | |
| Mailing address MAY BE A POST OFFICE | E BOX) | BAYSIDE, NY 11360 | | 17 | | |
| | | C/O BOULES TADROS | | ∑ | 7 | |
| B. If amending the registered agent and registered agent and/or the new registered of | | | ords, <u>enter th</u> | ار اران سا | <u>></u> | he ne |
| Name of New Registered Agent: | BOULES N TA | ADROS | | 2012 | 9: - | **** |
| New Registered Office Address: | 1040 SPANISE | HOAKS BLVD. | · · · · · · · · · · · · · · · · · · · | , | | |
| | - | Enter Florida street a | ddress | | | |
| | PALM HARBO | OR | , Florida 34683 | } | | |
| | | City | . | Zin 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 = A | Authorized Member | | |
|--------------|-------------------|---------|--|
| <u>Title</u> | Name | Address | Type of Action |
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| | other than the date o | ecific and cannot be poes not meet the ap | plicable statutory | g or more than 90 days | pptional) after filing.) Pursuant to | 605.020 |
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Page 3 of 3

Filing Fee: \$25.00