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## **COVER LETTER**

TO:

то:	Registration Sec Division of Corp				
SURTI	ECT:	Foxhal! Stua	dios LLC		
.,,,,,,		Name of Limi	ited Liability Company		<del></del>
The en	closed Articles of A	vmendment and fee(s) are sub-	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		Ba	αΛ Name of Person		
			Name of Person		
		GONZ	alez Firm/Company		
			FirmVC ompany		
		4019 Cheverl	y Dr W Address		
		Lakeland, Fl			
		E-mail address: (1	oxhall bames. Co to be used for future annual	report notifi	cation)
For fur	ther information co	neerning this matter, please ca	iH:		
	Brian Go	ONZA/eZ Person	at ( <u>863</u> )	712	6015
	Name of	Person	Area Code	Daytime	Telephone Number
Enclos	ed is a check for the	e following amount:			
□ \$2	5.00 Filing Fee	☑ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is enc		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra	NG ADDRESS: tion Section t of Corporations	Registrat	<b>F/COURIE</b> ion Section  of Corpora	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Forhall S	tudios LLC
(Name of the Limited Liah (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on <u>January 3, 2018</u> and assigned
Florida document number <u>L180000 2249</u>	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
Foxhall Games 1	Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	gistered office address on our records, <u>enter the name of the ne</u>
egistered agent and/or the new registered office ac	adress nere:
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	, Florida
Now Designated Assetts Constants of shanning Designation	·

<u>New Registered Agent's Signature, il changing Registered Agent:</u>

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>	Type of Action
AMBR	Joel Groff	215 Patten Heights St	Add
		215 Patten Heights St Lakeland, FL 33803	Remove
			Change
		<del></del>	Add
			☐ Remove
			□ Change
		<del></del>	☐ Remove
			☐ Change
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Effecti	ve date, if other than the date of filing: (optional)
(If an eff	ective 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
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
محد حجاة	
) The	ford 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.
,	social day direct effect to a fined.
	M. 15 5014
Dated	May 15 2018
	TM2= A. MI
	Signature of a member or authorized representative of a member
	signature of a incriner or augmorized representative of a member
	Brian Gonzalez Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00