## L1806041632

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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	ess Systems, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shayne Cahill		
		Name of Person	
		Firm/Company	
	16739 Scheer Blvd	Address	
	Hudson, FGI, 34667	Address	
		City/State and Zip Code	
	shayne@foxxbusinesssyste		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Shayne Cahill		352 6061912 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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 5		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee, l	rl 32314	Z415 IN. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Foxx Business Systems, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	i <mark>nv as it now appears on ou</mark> Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number L18000041032	were filed on $\frac{2/14/2018}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16739 Scheer Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Hudson, Fl. 34667	
Enter new mailing address, if applicable:  "Mailing address MAY BE A POST OFFICE BOX"	16739 Scheer Blvd Hudson, Fl:. 34667	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stred	et 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 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 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>	Address	Type of Action
MBR	Hitesh Patel	2900 S Rio Grande Ave	
		Orlando, Fl. 32805	
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ctive date, if other than the effective date is listed, the date must lift the date inserted in this burnent's effective date on the I.	lock does not m	neet the applical	o date of filing or ble statutory fili	more than 90 day	s after filing.) Purs	mant to 605.020 not be listed a
ord specifies a delayed effecti filed.	ve date, but not a	an effective tin	ne, at 12:01 a.m	on the earlier	of: (b) The 90t	h day after the
August 11		2021				
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	/ <i>/</i> /		ized representativ			

Filing Fee: \$25.00