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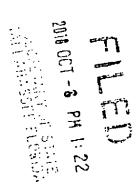
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OBELICE AND

COVER LETTER

TO.		istration Sect ision of Corpo			
SUBJI	ECT:	Foxx Food			
			Name of Lim	ited Liability Company	
The en	closec	l Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please	return	all correspond	dence concerning this matter	to the following:	•
			Christine Henson		
				Name of Person	
			Foxx Food, LLC		
			5337 N. Socrum Loop Rd.	Firm/Company #127	
			Lakeland, FL 33809	Address	······································
			cehenson7566@gmail.com		
For fur	ther in	nformation con	e-man address: (to be used for future annual report notifica all:	onion)
Christ	ine He	nson		407 340-7566 at ()	
		Name of F	'erson	Area Code Daytime T	elephone Number 2
Enclos	ed is a	check for the	following amount:		
■ \$2	5.00 F	iling 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

Foxx Food, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L18000222374	were filed on September 18, 2018 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L1.C" or the abbreviation "L.1C."		
Enter new principal offices address, if applicable:	4601 SW 34th St., STE 102		
(Principal office address MUST BE A STREET ADDRESS)	ADDRESS) Orlando, FL 32811		
	(zip code amended)		
Enter new mailing address, if applicable:	201		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her			
Name of New Registered Agent:	3/		
New Registered Office Address:	Enter Florida street 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 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>	Address	Type of Action
AMBR	Andrew Neaf	4601 SW 34th St., STE 102 Orlando, Fl. 32811	Add
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fective date, if other than the date of ective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	does not meet the appli	cable statutory filing	(optional) re than 90 days after filing requirements, this date	.) Pursuant tō 605.020
record specifies a delayed e The 90th day after the record	ffective date, but no d is filed.	ot an effective ti	me, at 12:01 a.m.	on the earlier o
ned October 5 Musting Sign	2018	·		
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Page 3 of 3

Filing Fee: \$25.00