# L19000006986

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S. YOUNG

# COVER LETTER ' ·

TO: Registration Sec Division of Corp			
SUBJECT:	Fox Family Ve Name of Lim	Atwes LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
		Bret + Fox Name of Person	
	F02	Eirn/Jompany	<u> </u>
	8610 SW	43 d Street	<del></del>
	Miun	F1 33/55 (ity/State and Zip Code	
		to be used for future annual report nou	
For further information co	neerning this matter, please ec		
Box + t Name of	Person	at ( <u>454</u> ) <u>818 –</u> Area Code Daytim	+575 e Telephone Number
Enclosed is a check for the	e 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

Fox Family Vento	₩t∫	
( <u>Name of the LimitedfLiability C</u> (A Florida Lin	ompany as it now appears on our reconted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L/10010 6 4 8 6</u> .	pany were filed on	ol 9 and assigned
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 "L	A.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	2 2 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	i.
	Enter Florida Street ado	IFESS
		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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = Au	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Brett Fox	HOT NE 8670 SW 43CH	🗆 Add
		167 NE 8670 SW 43Cd Street Minni, F1 33155	Remove
			<b>©</b> Change
	<del></del>		
			Remove
			Change
		<del></del>	D Add
			□ Remove
			Change
		<del></del>	□ Remove
			Change
			🗆 Add
			□ Remove
			Change
			D Add
			□ Remove
			Change

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Effective date, if other than the date of filing:	05.0207 (3) isted as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear ) The 90th day after the record is filed.	lier of:
Dated	
Signature of a member of a member	
Signature of a member of a member	
Typed or printed name of signee	

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Filing Fee: \$25.00