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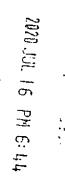
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AUG 2 7 2020 S. YOUNG

## LAW OFFICE OF ... WAGGONER & BRUEHL, P.A.

Timothy J. Bruehl Jacqueline Bruehl

5400 Pine Island Road. Suite D Bokeelia, FL 33922 (239) 283-1076 (239) 283-7567 Fax (239) 283-0988 – Real Estate Paul H. Waggoner of Counsel

July 7th, 2020

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Florida 32314

Re: Fox

Foxhavden LLC

Articles of Amendment

to change name

To Whom It May Concern:

Enclosed herein please find a Cover Letter and Articles of Amendment to change the name of the above referenced Florida limited liability company. I have enclosed check #10460 for payment of the associated fees.

Upon your receipt and review of this correspondence, should you have any questions or comments, please do not hesitate to contact me. Thank you in advance for your anticipated assistance with this matter.

Vervitruly\_yours.

Timothy J. Brueh

Enclosures-

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
Foxhayder	n LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Name of Limited Liability Company  of Amendment and fee(s) are submitted for filling.  spondence concerning this matter to the following:  Timothy Bruehl  Name of Person  Waggoner & Bruehl, PA  Firm/Company  5400 Pine Iskand Road Suite D  Address  Bokeelia, Florida 33922  City/State and Zip Code  jad.april@gmail.com  I:-mail address: (to be used for future annual report notification)  in concerning this matter, please call:  [239 283-1076]  at (		
Please return all correspo	ondence concerning this matter	to the following:	
	Timothy Bruehl		
		Name of Person	
	Waggoner & Bruehl, PA		
		Firm/Company	<del></del>
	5400 Pine Iskand Road	Suite D	
	-	Address	
	Bokeelia, Florida 33922		
		City/State and Zip Code	
		to be used for future annual report noti	(figurian)
For further information c		·	(Manual)
Timothy Bruehl, Esq.			
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632 Tallahassec. l		The Centre of T	Fallahassee be Street, Suite 810
rananassee, i	ロル コムコキサ	2410 IN. MONIO	re parece pane and

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Foxhayden LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/14/2019}{}$ and assigned Florida document number \_\_\_\_\_\_ L19000016598 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Maine Deck LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	ive date, but not an	effective time,	at 12:01 a.m. or	i the earlier of: (b	) The 90th day at	er the
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Filing Fee: \$25.00