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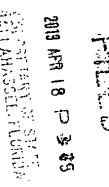
(Req	uestor's Name)	
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(City	/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	····

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COVER LETTER

TO: Registration Sec Division of Corp			
subject: <u>Fox</u>	EC Limite Name of Limi	ed Liability Company	om Pany"
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	AIBERT	FoX Name of Person	
	Fox EC	Limited Liabil	hity Company
	1511 NW 43,	Ave APT 202 Address	
	LANGER H:11	City/State and Zip Code Office	
	Ky ANDrew 166 E-mail address: (1	6 yAhoo _ Cz >	cation)
For further information co	neerning this matter, please ca		
AIBERT F	Person	at (<u>954</u>) 648 - Daytime	7008 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 EC himited (Name of the Limited Liability Company)	as it now appears on our records	m Pary"
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 900096210</u> .		2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC"	or the abbreviation "L.L.C."
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 registered agent and/or the new registered office address here: Name of New Registered Agent:		enter the hame of the then
New Registered Office Address:		
New Registered Office Fladiess.	Enter Florida street address	3
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I haraby assent the appointment as registered great and garee	to act in this expressive I for	ther agree to comply with the

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>	Name	Address 1011 MILL W W 3 AVE APT200	Type of Action
AMBR	AIBERT FOR	Address 1511 NW 43 AVE APTZOS LANder 14:11 Fl 33313	Add
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			Change
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f an eff Note:	ve date, if other than the date of filing:
	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.
Dated	APril, 15 2019.
	April 1997
	Signature of a member or authorized representative of a member
	1000

Page 3 of 3

Filing Fee: \$25.00