## L19000228973

(Requestor's Name)
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19/29/20--01015--007 \*\*30.00

S. YOUNG



## **COVER LETTER**

Registration Section

Division of Corporations

TO:

Foxirie LLC SUBJECT:	2		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jhanille Smith		
		Name of Person	
		Firm/Company	
	100 S Military Trail Suite	13 #5244	
		Address	
	Decrfield Beach, FL 33442	2	
		City/State and Zip Code	<del></del>
	jhanillesmith@gmail.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	oncerning this matter, please co	all:	
Jhanille Smith		718 9269371 at ()	
Name o	f Person	Area Code Daytiπ	ne Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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 Addres Registration S		Street Address: Registration Se	ection
Division of C	orporations	Division of Cor	rporations
P.O. Box 632 Tallahassee, I		The Centre of T	
i ananassee, i	1. J4J14	2410 IN. MIONIO	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Foxirie LLC		22
(Name of the Limited Liability	Company as it now appears on our imited Liability Company)	records.)
(A Fioritia E	muco Elabinty Company)	7
The Articles of Organization for this Limited Liability Cor	mpany were filed on 09/10/2019	and assigned
Florida document number L19000228973		是 是 [[]
	<u>·</u>	6: []
This amendment is submitted to amend the following:		7.7
A. If amending name, enter the new name of the limite	ed liability company here:	
Beunorthodox Branding LLC		
The new name must be distinguishable and contain the words "Limite	d Liabitity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• •		
(Principal office address MUST BE A STREET ADDRE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	office address on our records	onter the name of the new registers
gent and/or the new registered affice address here:	office address on our records,	enter the name of the new registere
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
<del></del>	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
			DAdd ·
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
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			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

-	Beunrothodox Branding LLC will be a marketing agency and not a retail online store.
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tote:	ive date, if other than the date of filing:
recon is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	OCTOBER 26 2020
ated	· · · · · · · · · · · · · · · · · · ·
ated	Phaus
ated	OCTOBER 26, 2020  Like M  Signature of a member or authorized representative of a member