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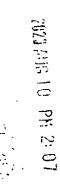
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(Document Number)
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## **COVER LETTER**

Division of Co				
AUSTIN F	OX ARCHITECTURE, LLC			
SUBJECT:		· 		
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	AUSTIN FOX			
		Name of Person	<del>-</del>	
	AUSTIN FOX ARCHITE	CTURELLC	1679 AVE 10	
		Firm/Company .		
	175 SW 96TH AVE			
		Address		
	PLANTATION, FL 33324		2.07	
	AUSTIN@AF-ARCHITEC	City/State and Zip Code	<u> </u>	
	E-mail address: (	to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all;		
AUSTIN FOX		954 790-2702		
		at ()	ne Telephone Number	
Name e	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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 Addre Registration		<u>Street Address:</u> Registration Sc	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee,	27	The Centre of	-	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<del></del>
Liability Company as it now appears on our records.) Florida Limited Liability Company)	<del></del>
pility Company were filed on 11/05/2019	and assigned
ving:	
he limited liability company here:	
ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
ole:	
ADDRESS)	5
OX)	P1 2: 07
gistered office address on our records, <u>enter the name</u> :	ame of the new regi
Enter Florida street address	
17HC7 , 157 MAI 57 CE1 WARD CO	
, Florida	Zip Code
	Liability Company as it now appears on our records.) Florida Limited Liability Company)  pility Company were filed on 11/05/2019  Pring:  the limited liability company here:  ds "Limited Liability Company." the designation "LLC" or the sole:  ADDRESS)  Cox)  Enter Florida street address

## New Registered Agent's Signature, if changing Registered Agent:

A FROM INCOME A DESCRIPTION OF THE FOR

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 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
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			□Remove
			□Change
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etive date, if other than the date of filing:  frective date is listed, the date must be specific and cannot be prior to date of filing or more than  If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.020 rements, this date will not be listed a
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the effect.	earlier of: (b) The 90th day after the
8-4-20 2020	
Signature of a member or authorized representative of a med AUSTIN FOX	mber