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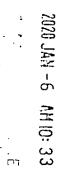




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S TALLENT FEB - 4 2020



COVER LETTER

Division	of Corporations	•1
	MY MARTE	O EACSOCIATES AND DIAGE IIC
SUBJECT:	Name of L	Limited Liability Company
The enclosed Art	ticles of Amendment and fee(s) are s	submitted for filing.
Please return all	correspondence concerning this mat	ter to the following:
	\mathcal{T}	terest Fox
		Name of Person
	Registration Section Division of Corporations CT: FOX MORTER E ASSOCIATES HOLDINGS LLC Name of Limited Bability Company Losed Articles of Amendment and fee(s) are submitted for filing. Setum all correspondence concerning this matter to the following: THEREST FOX Name of Person Firm/Company 15913 TISONS BLUFF RD Address TACKSO NV LUE FL 3 2218 City/State and Zip Code E-mail address: (to be used for future annual report nonfreation) her information concerning this matter, please call: THEREST FOX Name of Person at (724) 355 0784 Area Code Daytime Telephone Number d is a check for the following amount: 100 Fitting Fee Secrificate of Status Certificate of Status Certificate of Status THEREST FOX Logidificant copy is enclosed) THEREST FOX Registration Section Division of Corporations P.O. Box 6327 The Corporations The Centre of Tallahasses The Centre of Tallahasses	
		Firm/Company
	159	13 TISONS BLUFFRD
		Address
	JA	CKSONVILLE FL 32218
		FOX@ FOXMORTER, COM
	E-mail addres	s: (to be used for future annual report notification)
For further infor	mation concerning this matter, pleas	e call:
<u>-</u>		721 2 - 211
	EKENT FOX	at (24) 355 0784
	Name of Person /	Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:	
\$1.525.00 Filin	σ Fee S30 00 Filing Fee &	S55 00 Filing Fee & S60.00 Filing Fee.
A 323 33 34 34 34 35 35 36 36 36 36 36 36 36 36		
/		(additional convis enclosed)
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	+ 11113 1010	WHEN I FILED, 2/16/19
Mailine		
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Tallah	lassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

fox, MORIER =	4220C/ATES H	FOLDING, CKC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	
	17/1/10	,
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number <u>L 19000304</u> 57	7	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
NA		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	10/14	2
(1 Through office was the second of the seco		020
		1 1 2 200.2
Enter new mailing address, if applicable:		` `
(Mailing address MAY BE A POST OFFICE BOX)	NIA-	Tames
		<u>5</u>
		$\mathcal{L}_{i,j}$ ω
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the r</u>	name of the new registered
agent and/or the new registered office address here:		
	N/A-	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	ı
	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 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
PRESIDENT	THERESA FOX	15913 TISONS BLUFFRI	Add
	OWNER	FACK SONVIUE, FL32	□ □ Remove
	AMBR)	15913 TISONS BLUFFRE TACK SO NVIUE, FL	□Change
			□Add
			Remove
			Change
			□ Adđ
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			□Remove

	
<u>. </u>	
n effective d <u>te:</u> If the :	te, if other than the date of filing: AAN 1 20 20 (optional) late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed effective date on the Department of State's records.
cord speci s filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ed	Signature of a member or authorized representative of a member
	A
_	Signature of a member or authorized tepresentative of a member
	THERESA FOX Typed or printed name of sygnese

Filing Fee: \$25.00