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COVER LETTER

TO: Registration Se Division of Cor	ection epocations		•
Reach Cov	e Properties FL, LLC	•	¢.
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are submodence concerning this matter		
, iouni jeuni un consept	Carol Ballard	me term mg	
		Name of Person	
	Horton, Ballard & Pemerto	on, PLLC	
		Firm/Company	
	735 Broad Street, Suite 300	6	
		Address	
	Chattanooga, TN 37402		
	cballard@hbplawfirm.com	City/State and Zip Code	
	E-mail address; ()	to be used for future annual report no	tification)
For further information of	concerning this matter, please co	all:	
Carol Ballard		423 826-2645 at ()	
Name o	of Person		me 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beach Cove Properties FL, 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 8/25/2020 and assigned Florida document number 1.20000264182 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Foxwood Village Homes, 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 , Florida _

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>	<u>Address</u>	Type of Action
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cord specifies a delayed effective date, but not an e	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
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January 8 20	021
ted,	 .
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Signature of a mem	ber or authorized representative of a member

Filing Fee: \$25.00