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## **COVER LETTER**

TO: Registration Se Division of Cor				
17	XMEATOWS UNIT	- QA IIC		
SUBJECT:	Name of Lim	ited Liability Company		<del></del>
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Ken	40U S. Atte		
		Development Firm Company		!(·
		71 MUGUANA Address		
	Tackso	City/State and Zip Code	39010	<del></del>
	E-mail address: (	At COCOLD OR to be used for future annual	e£ al report notification)	-
For further information co	oncerning this matter, please c	all:		
Kenyon S.	Atlee	at (_90\)_	384-6964	/
Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is a check for th	e following amount:			
2 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is co		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S			Address: ration Section	
Division -CC		-	on of Compression	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOXMEAT WS UNIT & (Name of the Limited Liability Compa	9-A LLC	<del></del>
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{4/29/21}{}$	and assigned
Florida document number <u>L2/C002c0271</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
		3
Enter new mailing address, if applicable:		CRI O
(Mailing address MAY BE A POST OFFICE BOX)		<b>2</b>
		,
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
	, Florid	a
	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
MGR_	KENYON S. ATTE	5851 TIMUQUANIA PO #301	□Add
		JACKSONVILLE, FR. 32010	🖾 Kemove
			□Change
MGR	ATTER NEXTLAMENT GROW	5851 TIMUGUALIA RD. #301	BAdd
		JACKSMVILLE FC 32210	□Remove
			□Change
		TAL CHASSECT FLORIDA	Add  PHChange  O3  Add
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<u> </u>	1889 <sub>4</sub> ,			<u></u>		
	<del></del> .					
Tective date, if other an effective date is listed, the ote: If the date inserted ocument's effective date	l in this block does n	not meet the application	cable statutory filin	(option or than 90 days after g requirements, this	onal) filing.) Pursuar date will not	nt to 605,020 be listed as
record specifies a delayer is filed.	ed effective date, but	t not an effective (	ime, at 12:01 a.m.	on the earlier of: (b	) The 90th d	lay after the
med <u>Tune</u>	<u> </u>	_ <u>2021</u>	·			
	im A	thet	orized representative			
	Signature of	of a menaber or auth	iorizea representative	of a member		

Filing Fee: \$25.00