

L21000402724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

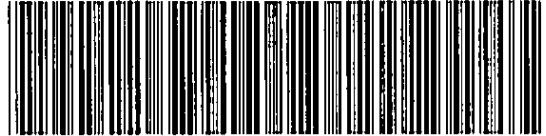
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/02/22 - 01/05/22 \$25.00

22 JAN 27 PM 3:08

T. MATTHEWS

FEB -3 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 JAN 28 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FL

January 14, 2022

MANUEL LOPEZ PEREZ  
5603 SYCAMORE CANYON DR  
KISSIMMEE, FL 34758

SUBJECT: BLACK FOX HOME IMPROVEMENTS LLC  
Ref. Number: L21000402724

We have received your document for BLACK FOX HOME IMPROVEMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 522A00001164

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Black Fox Home Improvements LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Manuel Lopez Perez

Name of Person

Black Fox Home Improvements LLC

Firm/Company

5603 Sycamore Canyon dr

Address

Kissimmee, FL 34758

City/State and Zip Code

blackfoxhomeimprovements@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manuel Lopez Perez

Name of Person

407  
Area Code

486-7221

Daytime Telephone Number

Enclosed is a check for the 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**

22 JAN 27 PM 3:06

Black Fox Home Improvements 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 9/10/2021 and assigned  
Florida document number 1.21000402724.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:**

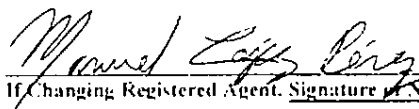
Name of New Registered Agent: Manuel Lopez Perez

New Registered Office Address: 5603 Sycamore Canyon dr  
*Enter Florida street address*

Kissimmee, Florida 34758  
*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.*

  
Manuel Lopez Perez  
If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 13 2021

Manuel Lopez Perez  
signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee

Typed or printed name of signee

**Filing Fee: \$25.00**