## 12200035281

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



100383748891

MAR 2 1 2022

03/22/22--01004--011 \*\*25.00

SECRETARY OF STATE

A. BUTLER APR 05 2022

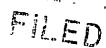
## **COVER LETTER**

TO: Registration Section

Division of Corporations				
	Maskot Creations LLC			
SUBJECT:	Name of Li	mited Liability Company		
The enclosed Articl	les of Amendment and fee(s) are su	bmitted for filing.		
Please return all co	rrespondence concerning this matte	er to the following:		
	Tiann Smith			
		Name of Person		
	Foxee Maskot Creations	LLC		
		Firm/Company		
	2055 S. Atlantic Ave. #30	06		
	``	Address		
	Daytona Beach Shores 32	2118		
		City/State and Zip Code		
	foxee.maskot@gmail.com			
		: (to be used for future annual report no	tification)	
For further informa	ation concerning this matter, please	call:		
Tiann Smith		386 523-6574		
1	Name of Person		me Telephone Number	
Enclosed is a check	k for the following amount:			
■ \$25.00 Filing I	Fee S30.00 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)	
<u>Mailing A</u> Registra	Address: tion Section	<u>Street Address:</u> Registration S	ection	
	of Corporations	Division of Co	orporations	
P.O. Box		The Centre of		
Tallahas	see, FL 32314	2415 N. Mont	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Foxee Maskot Creations 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  $\frac{01/18/2022}{1}$ Florida document number \_\_\_\_\_1\_22000035281 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: New Registered Office Address: Enter Florida street address

## 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.

, Florida

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	Tiann Smith	2055 S. Atlantic Ave. #306	<b>≅</b> Add
		Daytona Beach Shores	
		Florida 32118	_
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
	<del></del>		□Add
			□Remove
		-	□Change
			□Add
			□Remove
			Change

am.	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
ian c Note:	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
atec	March 16 2022
	Janu Sutter Signature of a member or authorized representative of a member
	Signature of a member of audiorized representative of a member
	Tiann Smith