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Office Use Only

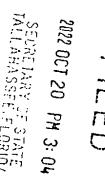
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## **COVER LETTER**

Tallahassee, FL 32314

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SUD IEZ	om.	Silent Profe	essional Securities LLC					
SUBJEC	. ۱۱		Name of Lim	ited Liability Compar	ny			
The encl	osed	Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn	all correspo	ndence concerning this matter	to the following:				
			Michael Dempsey					
				Name of Perso	n	- <u> </u>		
			ZenBusiness Inc.					
		Firm/Company						
	336 E College Ave., Ste 301 Address							
			Tallahassee, FL 32301					
		City/State and Zip Code						
			fulfillment@zenbusiness.co E-mail address: (	m to be used for future a	nnual report notifi	cation)		
For furth	ner in	formation co	oncerning this matter, please ca	all:				
Michael	Den	ipscy c/o Ze	nBusiness Inc.	844	493-6249			
	-	Name of	Person	at ( Area Code	e Daytime	Telephone Number		
Enclosed	l is a	check for th	e following amount:					
<b>■</b> \$25.	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Co (additional copy	ру	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
		ling Address istration S			eet Address: gistration Sec	tion		
	Div	ision of C	orporations	Di	vision of Corp	porations		
	P.O	. Box 632	7	Th	e Centre of Ta	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Silent Professional Securities 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 2022-02-11 and assigned Florida document number  $\underline{1.22000071256}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Fox Cell LLC 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 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  $\widehat{Bxomply}$  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, 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
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the Defective date.	t be specific and cannot be prio ock does not meet the applic	cable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.020 ements, this date will not be listed a
e record specifies a delayed effectived is filed.	e date, but not an effective t	lime, at 12:01 a.m. on the ea	arlier of: (b) The 90th day after the
Dated October 17	. 2022		
/s/ Anthony Mi	chael Goulart		
/s/ Anthony Mi	chael Goulart Signature of a member or auth	norized representative of a mer	nber

Filing Fee: \$25.00