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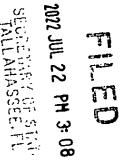
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## **COVER LETTER**

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CUDIFCT.	FOXWERK	LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	ali correspo	ndence concerning this matter	to the following:	
		Simon Fox-Rabinovitz		
			Name of Person	
		FoxWerk LLC		
			Firm/Company	<del></del>
		16209 Hidden Ponds Way		
			Address	
		Gaithersburg, MD 20878		
			City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please ca	all:	
Simon Fox-l	Rabinovitz	Amendment and fee(s) are submitted for filing.  Simon Fox-Rabinovitz  Name of Person  FoxWerk LLC  Firm/Company  16209 Hidden Ponds Way  Address  Gaithersburg. MD 20878  City/State and Zip Code quickhappyfox@gmail.com  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  240  31 (  Area Code  Daytime Telephone Number  the following amount:  \$\Begin{array} \text{S60.00 Filing Fee} & \text{Certificate of Status} & \text{Certified Copy} & \text{Certified Copy is enclosed}  ess:  Street Address:		
	Name of Limited Liability Company  return all correspondence concerning this matter to the following:    Simon Fox-Rabinovitz			
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 H	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Re Di	gistration S vision of C	Section orporations	Registration S Division of Co	orporations
	llahassee, I		2415 N. Monr	oe Street, Suite 810

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

FOXWERK LLC

2022 JUL 22 PM 3= 08

( <u>. whe of the carries)</u>	V Florida Limited	Liability Company)	TALLAHASSEE. FL			
The Articles of Organization for this Limited Liab Florida document number L22000076689	bility Company	were filed on <u>02/16/2022</u>	and assigned			
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liab	ility company here:				
The new name must be distinguishable and contain the wor	ds "Limited Liabi	fity Company," the designatio	n "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		5562 OCTONIA PLACE				
(Principal office address MUST BE A STREET	SARASOTA, FL 34238	<del></del>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5562 OCTONIA PLACI SARASOTA, FL 34238	<u> </u>			
B. If amending the registered agent and/or reg agent and/or the new registered office address			enter the name of the new regist			
Name of New Registered Agent:						
Name of New Registered Agent:		A PLACE				
Name of New Registered Agent: New Registered Office Address:	5562 OCTONL	A PLACE  Enter Florida street	address			
	5562 OCTONL SARASOTA	Enter Florida street	address , Florida <sup>34238</sup>			

## 7

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 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>	Name	<u>Address</u>	Type of Action
MGR	SIMON FOX-RABINOVITZ	5562 OCTONIA PLACE	
		SARASOTA, FL 34238	
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