L22000123332

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(Business Entity Name)					
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COVER LETTER

TO: Registration S Division of Co				,•
	ifications LLC			. ·
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Zachary Bailey			
		Name of Person		
	ZBD Modifications LLC			
		Firm/Company		
	5632 SW 40th PL			
		Address		
	Ocala, FL 34474			
	 	City/State and Zip Code		
	zach@zhdmods.com			
		to be used for future annual repo	rt notification)	
For further information of	concerning this matter, please c			
Zachary Bailey		832 710-00 at ()		
Name of Person		Area Code E	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy fadditional copy is enclosed	n Certified	e of Status &
Mailing Addre		Street Addre Registratio		
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

(Name of the Lim	ited Liability Comp	any as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited I Florida document number L22000123332				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
Foxtail Home Designs LLC			2022 SEC	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation The C."	
Enter new principal offices address, if appli-	cable:	5632 SW 40th PL	至 5	
(Principal office address MUST BE A STRE)		Ocala, FL 34474	SS P M	
Enter new mailing address, if applicable:		5632 SW 40th PL		
(Mailing address MAY BE A POST OFFICE BOX)		Ocala, FL 34474		
B. If amending the registered agent and/or ingent and/or the new registered office addre	egistered office a ss here:	address on our records	enter the name of the new registered	
Name of New Registered Agent:	Zachary Bailey			
New Registered Office Address:	5632 SW 40th I			
		Emer Florida stree	A address	
	Ocala 		Florida <u>34474</u>	
		City	Zip Code	

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
AMBR	Raymond Woodward	4244 East Flying Hagle Ct	<u> </u>
		Inverness, FL 34453	□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
		·	□Remove
			□Change
	47.5		
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Ownership to % to be as follows Zachary Bailey- 50% Raymond Woodward- 50% Zachary Bailey will be managing member with final decision making capacities E. Effective date, if other than the date of filing:

(If an effective date is listed, the characters to the filing) (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. If the record 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 record is filed. Dated ___ 2022 gnature of a member or authorized representative of a member Zachary Bailey Typed or printed name of signee

Filing Fee: \$25.00