L22000123332

	(Requestor's Name)			
	(Address)	_		
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	(City/State/Zip/Phone #)		
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	(Business Entity Name))		
(Document Number)				
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COVER LETTER

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Zachary Bailey		
		Name of Person	
	Foxtail Home Designs LLC	O Company	
		Firm/Company	
	5596 SW 43rd CT		
	·	Address	-
	Ocala, FL 34474		
		City/State and Zip Code	
	zach@foxtailhomedesign.co		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ea	all:	
		at ()	: Telephone Number
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	ne 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

Registration Section

Division of Corporations

TO:

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

Foxtail Home Designs 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 $\frac{03/10/2022}{1}$ and assigned Florida document number L22000123332 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Foxtail Design Partners LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" 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.

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
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Page 2 of 3

). If amending any other information, enter change(s) here: (.4t	······································	
		
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11/1/2022		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable si	(optional) of filing or more than 90 days after filing.) Pursua tatutory filing requirements, this date will no	int to 605.0207 (3 it be listed as th
document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an) The 90th day after the record is filed.	effective time, at 12:01 a.m. on the	e earlier of:
Dated 11/21/2023		
Signature of a member or authorized	representative of a member	
Zachary Bailey		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee