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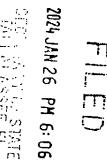
an
(Requestor's Name)
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COVER LETTER

Division of Corp	orations ;	,	4
SUBJECT: FOX+		Putpes LLC ited Liability Company	·
	mendment and fee(s) are sub-	Ţ.	
Please return all correspon	dence concerning this matter	to the following:	
	Zach Bo Foxtail Da	Name of Person 2Sigh Partners Firm/Company	
	3596 SW	Address	
	Ocal c	FL 34474 City/State and Zip Code	
	Zacho fox d E-mail address: (1	tail home desigh - Col	cation)
For further information co	ncerning this matter, please ca	all:	
Zuch Bui	Person	at (352) 600 Area Code Daytime	3 5517 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

and the second

Registration Section

TO:

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 Design	Printing	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparting document number (1200) 120332.	ny were filed on $3/10/22$	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited li	ability company here: Foxtall	pesign collective
, 600		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "f.l.C" or	the abbreviation L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		2 -
Enter new mailing address, if applicable:		PH 6: 0
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	City	Zip Code

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
			□ Remove
			□Change
			□ Add
			□ Remove
			☐Change
			□Add
			□Remove
			□Change
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			□ Remove
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Tective date, if other than the date of filing: 124 (optional) 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.) Parsuant to 605.0207 after. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as roument's effective date on the Department of State's records. The post of the 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 is filled. The post of a member of authorized representative of a member and a member of a		
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Signature of a member or authorized representative of a member		
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		Signature of a member or authorized representative of a member

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