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COVER LETTER

TO: Registration S Division of Co			
Fox Monro	oe Homes, LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Jake Muirhead		
		Name of Person	
	Fox Monroe Homes, LLC	Name of Person Firm/Company Address City/State and Zip Code be used for future annual report notification) I: 850 851-9767 at (
		Firm/Company	
	4407 Conifer Ln		
		Address	
	Panama City, FL 32404		
	foxmonroe@icloud.com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information	concerning this matter, please ca	all:	
Jake Muirhead		850 851-9767	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Maria de La		Ca A J.J	
<u>Mailing Addr</u> Registration			ection
Division of	Corporations	Division of Co	rporations
P.O. Box 63	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fox Monroe Homes, LLC			
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Con	appears on our records.)	
The Articles of Organization for this Limited I		on May 6, 2022	_ and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability comp	any here:	
The new name must be distinguishable and contain the	words "Limited Liability Company	y," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>	
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or agent and/or the new registered office address.		our records, enter the name o	of the new regist
Name of New Registered Agent:	US Corporation Agents, IN	ic	
New Registered Office Address:	4407 Conifer Ln		
	Enter Florida street address		
	Panama City		
	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>	<u>Address</u>	Type of Action
AMBR	Jake Muirhead	4407 Conifer Ln, Panama City, FL 32404	
			□Add
			□Remove
		Change to "Manager"	
			Change
			□Add
			□Rетюче
			□ Change
<u></u>			□Add
			□Remove
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ffective date, if other than the d an effective date is listed, the date must b ote: If the date inserted in this blococument's effective date on the Dep	specific and cannot be prior or does not meet the applic	cable statutory filing req		
record specifies a delayed effective of is filed.	date, but not an effective t	ime, at 12:01 a.m. on th	e earlier of: (b) The 90th	day after the
May 8	2023			
ated	·	 ·		
//.	\mathcal{I} \mathcal{I} .			
	<i>1/</i>			
S	ignature of a member or auth	orized representative of a	member	