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SUBJECT:		prises LLC		•			
Sobstic 1.		Name of Limited Liability Company					
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	n all correspo	ondence concerning this matter	to the following:				
		Janette Zaleski					
			Name of Person				
		Hale and Doerr LLC					
			Firm/Company				
		913 Gulf Breeze Parkway	Ste 4				
			Address				
		Gulf Breeze Fl. 32561					
			City/State and Zip Code				
		info@haledoerr.com E-mail address: (to be used for future annual report notific	cation)			
For further i	information c	oncerning this matter, please ea	•	,			
Janette Zale	eski		850 934-4288				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is	a check for th	he 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)			
	ailing Addres		Street Address: Registration Sect	ion			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brass Enterprises 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 $\frac{8}{9}$ 2022 Florida document number L22000351299 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Foxtrot 11 Enterprises LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 434 Fort Pickens Rd Pensacola Beach, FL 32561 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 434 Fort Pickens Rd Pensacola Beach, FL 32561 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: N/A 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.

City

, Florida _

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	Address	Type of Action
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Filing Fee: \$25.00