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UAN 14 S. PRATHER

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

350 FOX	XHILL DRIVE, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	NICOLETTE NIKKI I	MCGUIRE	
	Name of Person		
	FLAT RATE SOLUTIONS, INC		
		Firm/Company	
	1773 SADDLEBACK RIDGE RD		
		Address	
	APOPKA, FL 32703		
		City/State and Zip Code	
	CONTACT@YOURFLA		
	E-mail address: (to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	all:	
NIKKI MCGUIRE		407 426-4245 at ()	
Name of	Person		ne Telephone Number
Enclosed is a check for the	c following amount:		
■ \$25.00 Filing Fee	□ \$30.00 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		Street Address:	
Registration Section Division of Corporations		Registration Section	
P.O. Box 6327		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202

350 FOXHILL DRIV	E, LLC		
(Name of the Lin	ited Liability Company as it now ap (A Florida Limited Liability Company)	pears on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on	10/11/2022	and assigned
lorida document number 1.22000438343			
his amendment is submitted to amend the fol	lowing:		′.
a. If amending name, enter the new name	of the limited liability company	/ here:	
			
he new name must be distinguishable and contain the	words "Limited Liability Company," the	ne designation "LLC" or th	ec abbreviation "L.L.C."
nter new principal offices address, if appli			
Principal office address MUST BE A STRE			
THE PART OFFICE UNITED TO STATE	<u> </u>		
nter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>		 -
. If amending the registered agent and/or	registered office address on our	r records, <u>enter the n</u>	ame of the new regist
ent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	FLAT RATE SOLUTIONS, INC		
New Registered Office Address:	1773 SADDLEBACK RIDGE	ERD	<u></u>
	Enter F	lorida street address	
	APOPKA	, Florida	32703
	Ciņ	, , , , , , , , , , , , , , , , , , , ,	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
MANAG	HODGES, CLARENCE ANRICK, JR	25 DURANDO PLACE	
		BRIDGEPORT, CT 06605	■Remove
			Change
			□Add
			□Remove
			□Change
	·····		□Add
			□ Rcmove
			□Change
			□Add
			□Remove
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			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: (optional) (optional) (aptional) (optional) (aptional) (aptional) (aptional) (base if fine discreted in the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The effective date and delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Signature of a member or authorized representative of a member NICOLETTE NIKKI MCGUIRE							_
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