L23000345664

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TO: Registration Section Division of Corporations

FOX INDUSTRIES - FL LLC

SUBJECT: _

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Fox

Name of Person

FOX INDUSTRIES - FL LLC

Firm/Company

3804 North Highway 19a Suite 4

Address

Mount Dora, FL 32757	SEC TA	2023	
City/State and Zip Code fautomotive@hotmail.com		SEP 1	• •
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		:6 MA 8	و و و الا الالار الالار الالار
Robert Fox 248 910-2792 at ()	لدية 	42 42	
Name of Person Area Code Daytime Telephone N	lumber	-	

Enclosed is a check for the 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)

<u>Mailing Address:</u> 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

FOX INDUSTRIES - FL LLC		
(<u>Name of the Limited Ljabilit</u> (A Florida	<u>y Company as it now appears on our re</u> Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co Florida document number 123000345664	ompany were filed on <u>07/21/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation	"I.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered	office address on our records, e	
agent and/or the new registered office address here:	_	
Name of New Registered Agent:	· · · · ·	
New Registered Office Address:	Enter Florida street a	ddress
		. Florida
	City	_, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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

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<u>Title</u>	Name	Address	Type of Action
AMBR	Robert Fox	1534 Kurt Street Eustis, FL 32726	🖻 Add
			🗆 Remove
		<u> </u>	□Change
			🗆 Add
			🗆 Remove
			🗆 Change
			🗆 Add
			Remove TVCRE TVCRE TVCRE
<u></u>	<u></u>		Remove Remove RD23 SChange Remove RD23 SChange Remove RCR2 Remove RCR2 Remove
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			Change
		<u> </u>	🗆 Add
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______(optional) (If 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.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

September 12	2023
	Signature of a member or authorized representative of a member
Sandra Fox	

Typed or printed name of signee