L24000390902

(Requestor's Name)
(Address)
(Address)
(,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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umils

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900436872029

Hella-

Please process this LLC amendment with the New LLC name and removing one authorized AMBR.

Attached is \$25 check for filing fees. My information and forwarding address is below:

Elliott Bonnett 405 Grace Bay Ln Naples, FL 34114

484-885-3723 elliott bonnett 1@ gmail.com

COVER LETTER

Registration Section

TO:

Division of Corporations			
SURJECT: FOX	tail Reatty	LIC	
	Name of Lin	ited Liability Company	
The anglocad Articles of	Amendment and fee(s) are sub	unitted for filing	
The chelosed Afficies of	Amendment and rec(s) are suc	minued for thing.	
Please return all correspondence	indence concerning this matter	to the following:	
	Elliott	Bonnett Name of Person	
		Firm/Company	
		rinivCompany	
	405 Grac	e Roy Lu	
	100 0100	Address	
	Naples, F	City/State and Zip Code	
	elliott bo	nett 1@ gma	itication)
For further information c	oncerning this matter, please c		
Elliott	Bonnett	at (<u>484</u>) <u>885~</u> Area Code Daytin	3723
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee ✓ See See See See See See See See See Se	□ \$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)
Mailing Addres		<u>Street Address:</u> Registration Se	ction
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 632	7	The Centre of T	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	ty LLC	reards)
(A Flori	ility Company as it now appears on our reida Limited Liability Company)	(CO) (11.)
The Articles of Organization for this Limited Liability	Company were filed on 911	2024 and assigned
Florida document number <u>L 2 4000390 9 0</u>	2	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Elliott Bonnett L	LC	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
		, ~
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		20
		-; .
B. If amending the registered agent and/or register agent and/or the new registered office address here		nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		Florida
	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

Title	<u>Name</u>	Address	Type of Action
<u>AMB</u> R	Shannon Bonnett	405 Grace Bay LN	
		Naples, FL 39114	% Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
		<u></u>	□Change
			□Add
			□Remove
			□Change
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			□Remove
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			🗆 Remove
			□Change

lf an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
i`an e <mark>Note</mark>	tive date, if other than the date of filing: (optional) flective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
d is t	ord 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 filed.
Dated	September 16 2024
	Signature of a member or authorized representative of a member
	Elliott Bonett Typed or printed name of signee

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Filing Fee: \$25.00