# L24000402188



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#### **COVER LETTER**

# TO: Registration Section **Division of Corporations** FoxGuard Insurance Solutions 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: Steven Fox Name of Person FoxGuard Insurance Solutioons Firm/Company 150 2nd Ave N Suite 470 Address St. Petersburg - FL 33701 City/State and Zip Code Sfoxhealth@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 445-8964 808 Steven Fox Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60,00 Filing Fee. ☐ \$55.00 Filing Fee & ☐ \$30,00 Filing Fee & \$25,00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section

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

FoxGuard Insurance Solutions		
( <u>Name of the Limited Liability Cor</u> (A Florida Limi	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{09.16.2024}{}$ and assig	ned
Florida document number 1.24000402188		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company." the designation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	24	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	SSS	_
	57	
B. If amending the registered agent and/or registered office and/or the new registered office address here:	• • •	<u>regist</u>
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	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 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
MGR	Steven Fox	921 Ribbon Grass Loop Ruskin FL 33570	=Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Clamge
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Chunge
			Петюче
			□Change

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(If an et	ye date, if other than the date of filing:
docur	nt's effective date on the Department of State's records.
f the reco ecord is f	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 d.
Dated	עי 27 2024

Typed or printed name of signee