

L22 000503620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

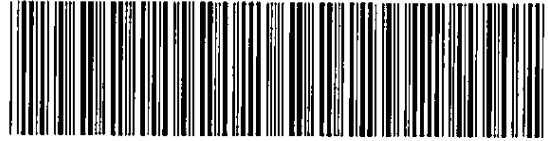
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

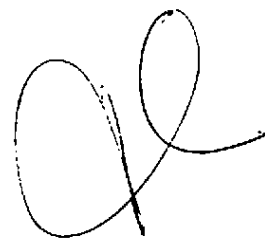
Office Use Only



800420230048

06/27/23--01021--019 \*\*30.00

FILED  
2023 JUN 27 PM 12:36  
TALLAHASSEE, FL



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OXLN, LLC  
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:

RICHARD PENA ZAMBRANO  
Name of Person  
MERGE TO GROW LLC  
Firm/Company  
5036 VELLACITO WAY  
Address  
DAVENPORT, FL 33897  
City/State and Zip Code  
TAXES@MERGETOGROW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD PENA ZAMBRANO at (407) 9129410  
Name of Person Area Code Daytime Telephone Number

FILED  
2023 JUN 27 PM 12:36  
TALLAHASSEE, FL

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)

**Mailing Address:**  
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**

OXLN, 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 11/29/2022 and assigned Florida document number L22000503620.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

5350 CEDAR POINT WAY  
SAINT CLOUD, FLORIDA 34771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5350 CEDAR POINT WAY  
SAINT CLOUD, FLORIDA 34771

FILED  
2023 JUN 27 PM 12:36  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
SANTA ROSA, FLORIDA

**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:**

Name of New Registered Agent: MERGE TO GROW LLC

New Registered Office Address: 5036 VELLACITO WAY

*Enter Florida street address*

DAVENPORT, Florida 33897

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PANZA, DIEGO LUCIANO	5350 CEDAR POINT WAY	<input type="checkbox"/> Add
		SAINT CLOUD, FLORIDA 34771	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	FIQUEPRON, DEBORA NADINA	5350 CEDAR POINT WAY	<input type="checkbox"/> Add
		SAINT CLOUD, FLORIDA 34771	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	PEREYRA, MARIA F	4264 SW 119 AVE APT 211	<input type="checkbox"/> Add
		MIRAMAR, FLORIDA 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 2023 JUN 27 PM 12:36  
 TALLAHASSEE, FL  
 JALILAH'S SECRET

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

Multiple horizontal lines for amending information.

FILED  
2023 JUN 27 PM 12:37  
TALLAHASSEE, FL

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.

Dated JUNY 23TH 2023

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

DIEGO LUCIANO PANZA  
\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00