45000161917

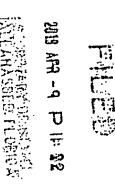
(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600327225186

04/09/19--01017--023 **25.00



APR 18 29:9 T. LENGTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Oxlando L-A Ingest news 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:
Marie of Person
Oxfordo 1-A Muestinants LLC Firm/Company
3182 Rodorac as
0xlando pl 32824
City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maraco Beday 2 at (407) 694 9661 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$Certificate of Status \$\Bigcup \$

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF

al In must	muls LLC
(Name in the Edited Limited Liab	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we	ere filed on 09/23/2015 and assigned
Florida document number 15000 (161917)	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	···
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
registered agent and/or the news-g	
Name of New Registered Agent:	3 3 4
New Registered Office Address:	Enter Florida street address
	City ZipiCode
New Registered Agent's Signature, if changing Registered Agent	exec to act in this capacity. I further agree to comply with the
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address. I hereby confirm that the limited liability
10.7 1	banging 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 **Type of Action** _□ Change _□ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change

	· · · · · · · · · · · · · · · · · · ·
-	
-	
-	
-	
•	
-	
_	
an ene <u>Vote:</u> I	tree date, if other than the date of filing: ctive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not seffective date on the Department of State's records.
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.
ated _	Senature of a member or authorized representative of a member
	Oxlando Mauricio Bede X2. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00