L16000130892

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COVER LETTER

	Registration Se Division of Cor		W.	No.		
eup se <i>c</i>		idation Services LLC		•		
SUBJEC	·I:	Name of Lim	ited Liability Company			
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Jay Norris				
			Name of Person			
		Florida Oxidation Services	SLLC			
	8892 SW 92nd AVE					
		<u></u> .	Address			
		Miami, Florida 33176				
			City/State and Zip Code			
		in2it@bellsouth.net	1.6	C		
For furth	er information c	e-mail address: (to be used for future annual report not all:	fication)		
Jay Norr	ris		305 794-4386	. 		
	Name o	d Person	at () Area Code Daytim	re Telephone Number		
Enclosed	l is a check for th	he following amount:		्र्यं (: c		
≡ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Address:			
	Registration 5 Division of C		Registration Se Division of Co			
	P.O. Box 632		The Centre of T			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Oxidation Services LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number L16000130892	y were filed on 07/11/201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ري س
(Principal office address MUST BE A STREET ADDRESS)		
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		5
(Mailing address MAY BE A POST OFFICE BOX)	·	ည
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	enter the name of the new registere
Name of New Registered Agent:	231121111	
New Registered Office Address:	Enter Florida stree	t address
		The side
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	: <u>:</u>	
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 offic company has been notified in writing of this change.	e performance of my du provided for in Chaptei	ies, and I am familiar with and 605, F.S. Or, if this document is

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>	Address	Type of Action
MGR	Walter Hardy	1717 Cliffside CT. Norman, OK. 73702	■Add
			Remove
			□Remove
			=====================================
			☐ Change
			_ <u></u>
			Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			🗆 Remove
			□ Change

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ffective date, if other than the date of filing: (opt an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	ional) er filing.) Pursuant to 605,020 is date will not be listed a
Tective date, if other than the date of filing: [Option effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after ote: If the date inserted in this block does not meet the applicable statutory filing requirements, the	er filing.) Pursuant to 605.020
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