L17000039511

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COVER LETTER

TO: Registration Sec Division of Corp				
-	Oxford Plantation	·		
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Linda S. Haggerty			
		Name of Person		
	The Oaks at Oxford Planta	tion		
		Firm/Company		
	16040 SE 90th Ct			
		Address		
	Summerfield, FL 34491			
		City/State and Zip Code		
	3528168213			
	E-mail address: (to be used for future annual report notific	cation)	
For further information co	ncerning this matter, please ca	all:		
LINDA S.	HAGGERIY	at (<u>352)</u> 8/6-82 Area Code Daytime	13 13 7	Ten.
Name of Enclosed is a check for the	Person	Area Code Daytime	Telephone Number SST	17440
	_	Doss on Films For 9	□ \$60.00 Filing Fee:	J
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

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 TO ARTICLES OF ORGANIZATION OF

The Oaks at Oxford Plantation, LLC

The Oaks at Oxford Flathation, DEC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	ny) ny)
he Articles of Organization for this Limited Liability Company were filed or	and assigned
orida document number L17000039511	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compan	y here:
ne new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
	SSE - C
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	L OFFICE
	—————————————————————————————————————
. If amending the registered agent and/or registered office address	> 1.
egistered agent and/or the new registered office address here:	,
Name of New Registered Agent:	
New Registered Office Address:	
	· Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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>	Name	<u>Address</u>	Type of Action
MGR	Robert A. Mabrey	8201 SE 180t St, Oxford, FL 3448	
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			ZA BAdd
			ZEAdd NARD Remove-
			Change C
			BDS C5 BPAdd
			Remove
			Change
			Add
			Remove
			☐ Change

,	ion, enter change(s) here: (Attach additio	,
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Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date of filing or mock does not meet the applicable statutory filin partment of State's records.	g requirements, this date will not be listed as
The 90th day after the reco	effective date, but not an effective to ord is filed.	ume, at 12:01 a.m. on the earner of
Dated	, 2017	
Linda S. H.	Signature of a member or authorized representative	e of whember
Linda S. Haggerty		
,,,,,	Typed or printed name of signee	, , , , , , , , , , , , , , , , , , , ,

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Filing Fee: \$25.00