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(Requestor's Name)
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2018 DEC 10 PM 2: 31 SECRETARY OF STATE

SICK AUSTRA

COVER LETTER

TO: Registration Section - Division of Corporations
SUBJECT: <u>OXFORO MOWER AND REPAIR 18 LLC</u> Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Flease return all correspondence concerning this matter to the following:
CHAD F DAVIS Name of Person
OXFORD MOWER AND REJAIR 18 LLC. Firm Company
P. O. BOX 2406 Address
Belleview, Fl 34421 City/State and Zip Code
Belleview, Fl 34421 City/State and Zip Code DAVIS - (AMACASE a Hot mail Com E-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Chad ε Davis at (352) 2-66-9392 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount.
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55,00 Filing Fee & \Bigcup \$60,00 Filing Fee. Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) 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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2018 DEC 10 PM 2:31
SECRETARY OF STATE
TOLL ASSEE, FL

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OX FORD MOWWE	rand Repair	PALLICERY OF STATE
(A Florida Limited (A Florida Limited)	d Liability Company)	MILE, FLIE
the Articles of Organization for this Limited Liability Compar Plorida document number <u>L18 000265328</u> .	ny were filed on $N0\sqrt{13}$, 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited fia	ability company here:	
OXFORD MOWER AND REPA	HZ 18 LLC	
th, new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		46-4
		
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		rds, enter the name of the new
		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	lress
		Florida
	Cuy	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 MBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MG-R	CHADE DAVIS	3185 East County Road 466	⊠ ∧dd
		0x Forb, F1, 34484	Remove
			□ Change
MGR.	BARBARA CLENDING	3185 EAST county Road 466	<u> </u>
		OXFORD, F1. 34484	₩ Remove
			□ Change
AMBR	BARBARA CLENDENING	3185 FAST County Road 466	⊳ Add
		0x For0 : F1 34484	Remove
			Change
AMBR	Angel J Davis	3185 East county Road 466	iž † Add
		OxF00, F1. 34484	□ Remove
			□ Add
			□ Remove
			□ Change
			Remove
			□ Change

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1 Dec 5 . 2018.					
Chad c Dauso Signature of a member or authorized representative of a member		had c Dawe Signature of a member or with	o orized representative of a n	iember	_
CHAD F DAVIS Typed or printed name of signee					

Page 3 of 3

Filing Fee: \$25.00