

L18000265328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

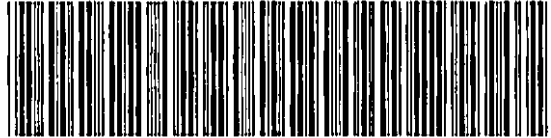
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400321540524

12/10/18--01008--014 **25.00

FILED
2018 DEC 10 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FL

N/C + Amended

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OXFORD MOWER AND REPAIR 18 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:

CHAD E DAVIS
Name of Person

OXFORD MOWER AND REPAIR 18 LLC
Firm/Company

P.O. BOX 2406
Address

Belleview, FL 34421
City/State and Zip Code

DAVIS-LAWCARE@HOTMAIL.COM
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Chad E Davis at (352) 266-9392
Name of Person Area Code Daytime Telephone Number

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2018 DEC 10 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FL
(1)

SECRETARY OF STATE
TALLAHASSEE, FL

Page 1 of 3

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>
MGR	CHAD E DAVIS	3185 East County Road 466	<input checked="" type="checkbox"/> Add
		Ox Ford, Fl. 34484	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CLENDENING BARBARA CLENDENING	3185 East County Road 466	<input type="checkbox"/> Add
		OXFORD, FL. 34484	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BARBARA CLENDENING	3185 East County Road 466	<input checked="" type="checkbox"/> Add
		Ox Ford, Fl. 34484	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Angel J DAVIS	3185 East County Road 466	<input checked="" type="checkbox"/> Add
		Ox Ford, Fl. 34484	<input 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

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

[illegible]

F. Effective date, if other than the date of filing: NOV 13, 2018 (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 Dec 5 . 2018

Chad = Dams

Signature of a member or authorized representative of a member

CHAD E DAVIS

Typed or printed name of signee