## 119000054675

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	

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O SIMMONS JAN 29 2020

## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registrati Division o				
SUBJECT:	lox	CONSTRUCTION	M U.C	
		Name of Limi	ited Liability Company	
The enclosed Articl	es of Ame	ndment and fec(s) are subt	mitted for filing.	
Please return all cor	responden	ce concerning this matter	to the following:	
	_	Diti Gla-	Name of Person	
	_	lox consi	Firm/Company	
	_	386 NU	Address	
	_ 	man 1 F	City/State and Zip Code  Servell.com to be used for future annual report noti	fication)
For further informa		rning this matter, please ca		
Dit G	Jaze ame of Pers	<b>√</b> Oon	at ( <u>305</u> ) <u>761</u> - Area Code Daytim	e Telephone Number
Enclosed is a check	for the fol	lowing amount:		
□ \$25.00 Filing F	ice [	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing A</u> Registrat Division	ion Secti		Street Address: Registration Sec Division of Cor	
P.O. Box			The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OX CONSTRUCTION	N UC	naordi )
(A Florid	M U.C. ility Company as it now appears on our re da Limited Liability Company)	ecorus.)
The Articles of Organization for this Limited Liability	Company were filed on 2-25	-19 and assigned
Florida document number <u>L190000546</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere	ed office address on our records, e	nter the name of the new regis
ngent and/or the new registered office address here:		
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		-
	Enter Florida street a	ddress
		_, Florida
	Citv	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NACHMAN M Glaze	7710 NW 2310 ST	□Add
		Dembroke Pirel R 330	214 Remove
			□Change
Mar	AITE Y Glazer	7343 NW 18th CT	\(\vert_Add\)
		Penbroke Piner TC 33	302 U ∃Kemove
			□Change
			□Add
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effective date is list <u>e:</u> If the date inso		cific and cannot be pr es not meet the app	rior to date of filing or blicable statutory fili		onal) filing.) Pursuant to 605,020 s date will not be listed a
cord specifies a de (filed.	dayed effective date. I	but not an effective	e time, at 12:01 a.m	. on the earlier of: (b	) The 90th day after the
ed 12-24	e-19	·	·		
·,			athorized representative	<del> </del>	<del></del>