L19000092064

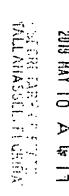
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

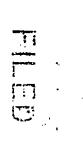
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T. LETAIEUX T. LETAIEUX

COVER LETTER

Div	ision of Corp	porations				
SUBJECT:	Ox Venture	es, LLC.				
oourner.		Name of Limi	ted Liability Company			
The enclosed	d Articles of z	Amendment and fee(s) are subt	nitted for filing.			
		ndence concerning this matter t				
, jouse relain	. dir con capo	Deana Leslie	g.			
			Name of Person			
Ox Ventures, LLC.						
Firm/Company						
8801 W. Atlantic Blvd, #773134						
			Address	·		
Coral Springs, FL 33077						
		ddl@ox-ven.com	City/State and Zip Code			
		E-mail address: (I	to be used for future annual report notifi-	cation)		
For further i	nformation co	oncerning this matter, please ca	dl:			
Deana Les	slie		321 229-4434			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e following amount:				
\$ 25.00 I	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

TO:

Registration Section

Tallahassee, FL 32314

P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Ox Ventures, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2019 HAY 10 A ≥ 17 The Articles of Organization for this Limited Liability Company were filed on April 4, 2019 Florida document number L19000092064 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Deana Leslie	1912 NW 97th Terr. Coral Springs, FL 33071	
			Remove
MGR	Daimian Leslie	1912 NW 97th Terr. Coral Springs, FL 33071	Add
			■ Remove
			☐ Change
			Add
			🗅 Remove
		- -	Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change

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	<u> </u>	• •		
				
ffective date, if other the an effective date is listed, the dote: If the date inserted in ocument's effective date or	n this block does not meet	t the applicable statuto	(op ing or more than 90 days aft ory filing requirements, t	stional) ter filing.) Pursuant to 605.0207 (. his date will not be listed as th
e record specifies a d The 90th day after th		e, but not an effe	ctive time, at 12:01	. a.m. on the earlier of:
ated 5 2 19	May 2.	2019.		
	e ()			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00