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(Requ	uestor's Name)	
(Addr	ess)	
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(City/:	State/Zip/Phone #	¥)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Name	<del>)</del>
(Docu	ument Number)	
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## **COVER LETTER**

то:	Registration Se Division of Cor			
SUBJ	OXROAD			
.5005	ECT:		nited Liability Company	
The ei	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		LUIS VASSALLO		
			Name of Person	<del> </del>
			Firm/Company	
		328 FAIRWAY CIR		
			Address	· · · · · · · · · · · · · · · · · · ·
		WESTON FLORIDA	33326	
		LUISOVERLANDERS@C	City/State and Zip Code GMAIL.COM	
		E-mail address: (	to be used for future annual report noti	(ication)
For fu	rther information e	oncerning this matter, please co	all:	
LUIS	VASSALLO		954 3912635 at ( )	
	Name o	f Person		e Telephone Number
Enclos	sed is a check for th	ne following amount:		
\$2	5.00 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, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OXROAD LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compar	ny were filed on 07/17/2019	and assigned
Florida document number 1.19000183760		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
OX ROAD LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" o	or the abbreviation "L.L.C."
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 nev
registered agent and/or the new registered office address he	<u>ere</u> :	2/2 8/5
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
•••••		da
	City	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 adder or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	OUSEL A MORALES	11654 RIVERSTONE LN FORT MYERS, FL 33913	<b>=</b> Add
			□ Remove
			☐ Change
		Remove	
			Change
		Add	
		□ Remove	
			Change
		<u> </u>	🗖 Add
		Remove	
			☐ Change
		Add	
	- 17-	Remove	
			☐ Change
		☐ Remove	
			Change

	09/04/2019
(If an effective <u>Note:</u> If th	date, if other than the date of filing:
If the record (b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the record is filed.
Dated	09/09/2019
	Signature of a member or authorized representative of a member
	LUIS A VASSALLO

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Filing Fee: \$25.00