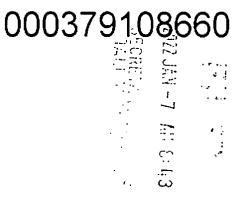
119000294835

	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	
	(Business Entity Name)
	70-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Ĵ

Office Use Only





01/07/22--01007--001 **25.00

COVER LETTER

ТО:	Registration Se Division of Cor				
CUBIC	. car	OXFOR	D GATES, LLC		
SUBJE	.CI:	Name of Lim	ited Liability Company		
The en-	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		STACY SMALL			
			Name of Person		
		SMITH THOMPSON SHA	AW		
			Firm/Company		
	Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. The return all correspondence concerning this matter to the following: STACY SMALL Name of Person SMITH THOMPSON SHAW Firm/Company 3520 THOMASVILLE ROAD - 4TH FLOOR Address TALLAHASSEE, FL 32309 City/State and Zip Code E-mail address: (to be used for future annual report notification) Turther information concerning this matter, please call: CY SMALL SSO Name of Person Area Code Daytime Telephone Number Dosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certificate Copy Certificate Copy				
			Address		
		TALLAHASSEE, FL 3230	09		
			City/State and Zip Code		
		E-mail address: (to be used for future annual report notification)		
For fur	ther information c	oncerning this matter, please c	all:		
STAC	Y SMALL				
Name of Person		f Person		one Number	
Enclose	ed is a check for tl	he following amount:			
■ S2	5.00 Filing Fee		Certified Copy	Certificate of Status &	
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27	Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ssee t, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OXFORD	GATES, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on o Liability Company)	ur records.)		_	
The Articles of Organization for this Limited L	iability Company	were filed on12/02/	2019	and	l assigned	d
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	oility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	tion "LLC" or th	e abbreviation	3 "L.L.C."	
Enter new principal offices address, if applicable:		118 NORTH MONRO	DE STREET			
Principal office address MUST BE A STREE		TALLAHASSEE, FL	32301			
				216	1022	
Enter new mailing address, if applicable:		118 NORTH MONRO	DE STREET		- KYF	
Mailing address MAY BE A POST OFFICE	BOX)	TALLAHASSEE, FL	32301		<u> </u>	
						<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our record	s, <u>enter the n</u>	- 1 4 sc		istere
Name of New Registered Agent:	SUSAN S. TH	OMPSON		·		
New Registered Office Address:	3520 THOMA	SVILLE ROAD - 4TH F	LOOR			
		Enter Florida str	eet address			
	TALLAHASSI		, Florida	32309		
		City	<u> </u>	Zip Co	ode	

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>	Name	Address	Type of Action
MGR	TOM DANIEL	2940 KERRY FOREST PKWY #101	□Add
		TALLAHASSEE, FL 32309	≣Remove
MGR	HADI BOULOS	118 NORTH MONROE STREET	□Add
		TALLAHASSEE, FL 32301	□Remove
		(NEW ADDRESS ABOVE)	Change Change
			□ Add
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
			□Change

					. —			_
		<u>=</u>					·	_
								
				•			•	_
								_
		-						
 							U 12	_
							:0: : 236	
								_ _[.
-						<u></u>	+7	- ,
-								- .
	 	···					<u>co</u>	_
							. ü	
		-						-
								
<u> </u>								_
								_
Effective date, if other fan effective date is listed, Note: If the date inserte locument's effective dat	the date must be speci d in this block does	fic and cannot be not meet the	applicable s		e than 90 days			
	red effective date, b	ut not an effe	ctive time, at	12:01 a.m. or	the earlier o	f: (b) The	90th day af	ter the
								
d is filed. DECEMBER 22	!	2021	<u> </u>					
e record specifies a delay d is filed. DECEMBER 22	!	2021						

Filing Fee: \$25.00