L19 000 302 628

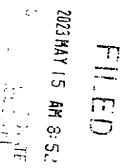
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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7/17/23 VLA



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OX CONSVIT	ins 220-
The state of the s	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matter	ter to the following:
Maria	Name of Person
\underline{CX}	Consilling SXC
,	Firm/Company OAKMON + M. Address
19620 8	E OARMON + oh.
Heuri	Address - 12 33015 City/State and Zip Code
E-mail addres	City/State and Zip Code Visia O Os Con Solting. Not s: (to be used for future annual report politication)
For further information concerning this matter, please	
Taria Chira	at (318) 804.3854
/ 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 & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	Type of Action
Managing	JOEL COHEN	1619 PASSION VINE CIRCLE	□Add
		WESTON - FL.33326	Remove
			□ Change
			□Add
			Remove
			□ Change
			□Add
			Remove
			□Change
		<u>-</u>	□Add
			□Remove
			☐ Change
			□Add
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			Change
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