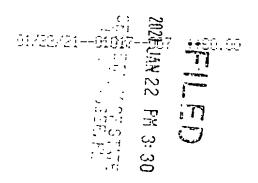
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COVER LETTER

TO: Registration So Division of Cor				
SUBJECT:	Oxemine 1		3 .g.	
Sommer,	\ <u>\\\</u>	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Xeraine Name of Person		
	Oxentine	Firm/Company	2021	
	216 Still	Address	2021 JAN 22	
	Palatra, F-3	2177 City/State and Zip Code	PM 3: 30	
	rellor5@gm E-mail address: (to be used for future annual report not	fication)	
For further information c	oncerning this matter, please ca			
Terress Name o	Oxendine Person	at (<u>5%</u>) <u>538</u> Area Code Daytin	te Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Y \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed)	
Nacional Association		O		

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Oxendine IIC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our reco ability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company	were filed on	17 <u>2020</u> and assigned
Florida document number <u>L2000030 8494</u> .	•	,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Islabili	ty Company," the designation "L	LC" or the ábbreviation "L.L.C."
Enter new principal offices address, if applicable:	216 Stillwell	Ave Elle I
(Principal office address MUST BE A STREET ADDRESS)	Pakatra, FL 32	- III
Enter new mailing address, if applicable:	allo Stillwell	Ave FAI 30
(Mailing address MAY BE A POST OFFICE BOX)	- Palatra, FL 321	77
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, <u>ent</u>	er the name of the new registered
New Registere Office Address.	Enter Florida street addı	ress
		Florida
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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ote: If the date inserted cument's effective date				ng requirements, t	his date will	not be l	isted a
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record specifies a delayer is filed.	ed effective date, but	not an effective ti	ime, at 12:01 a.m	on the earlier of:	(b) The 90	th day a	fter the
nted Janua	a 18	<i>202</i> 1					
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	Signature o	a member or author	orized representativ	e of a member			