# L21000140564

(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



200437774712

10/16/24--01014--017 \*\*55.90

## THE ZITRON LAW FIRM, PC

A Member of Hendrick, Rascoe, Zitron & Long, LLC
A Partnership of Professional Corporations
Attorneys at Law
The Forum, Suite 925
3290 Northiside Parkway, NW
Atlanta, Georgia 30327

PHONE: (770) 559-5580 FAX: (404) 996-1246

Joan P. Nieland jnieland@hrzlfirm.com (770) 559-5589

October 14, 2024

### Via Federal Express

Florida Department of State Division of Corporations 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Re: Articles of Amendment - The Oxford Connection, LLC

Dear Sir or Madam:

Enclosed please find the following documents:

- 1. Cover Letter for Articles of Amendment;
- Articles of Amendment changing the name of the LLC from The Oxford Connection, LLC to the Oxford Connection Insurance and Financial Services, LLC. The Articles of Amendment also remove Andrew Young as a Manager and adds Amy J. McIver as a Manager of the LLC; and
- 3. A check payable to the Florida Department of State in the amount of \$55.00 covering the filing and certified copy fee.

If you have any questions or need assistance, please feel free to call or email me.

Thank you.

Very truly yours,

√Joan P. Niclan⊌,

Paralegal

Enclosures

ec: Jeffrey M. Zitron, Esq.

# **COVER LETTER**

TO:

	stration Sec sion of Corp			
cup mer.	The Oxfor	d Connection, LLC		
SUBJECT:		Name of Limi	ted Liability Company	<del></del>
The enclosed	Articles of z	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		Jeffrey M. Zitron, Esq.		
			Name of Person	<del></del>
		Hendrick, Rascoe, Zitron &	t Long, LLC	
			Firm/Company	
		3290 Northside Parkway N	W, Suite 925	
			Address	
		Atlanta, GA 30327		
			City/State and Zip Code	
		jzitron@hrzlfirm.com	10.0	
For further in	formation co	e-mail address: (t oncerning this matter, please ca	o be used for future annual report notification)	•
Jeffrey M. Zi	tron, Esq.		770 559-5580	
<del> </del>	Name of	Person	at ()	Number
Enclosed is a	check for th	c following amount:		
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & crtified Copy dditional copy is enclosed)
Reg Div P.O	ling Address tistration S ision of Co . Box 632' lahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Oxford Connection, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_March 25, 2021 and assigned Florida document number \_\_L21000140564 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Oxford Connection Insurance and Financial Services, LLC 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Andrew Young	8485 Deimille Court	□Add
		Naples, FL 34114	🗵 Remove
			□Change
MGR	Amy J. McIver	480 Havenmist Landing	⊠ Add
		Suwanee, GA 30024	□Remove
			Remove
		···-	☐ Change
	<del></del>		
			□Remove
		<del></del>	□Add
			□Remove
			□Change
			□Add
			□Remove

		<u> </u>			<del></del> -			<del></del>
				<u>.                                    </u>	<u> </u>			
					<u></u>			
					<del></del>			
								<del></del>
	<u> </u>							
								<del></del> -
								بي
				<del></del>			1	<del></del> :
	<del></del>						<del>-</del>	<u>;</u>
								"
-	-							
	·							
							<u>-</u> _	
ote: If the date	if other than the east listed, the date must be inserted in this bloctive date on the De	ck does not m	eet the applic	cable statutory	g or more than 9 filing require	<b>(options</b> 0 days after fili ments, this da	<b>al)</b> ing.) Pursuant ( ate will not b	o 605.020 e listed as
	s a delayed effective	date, but not	an effective t	ime, at 12:01:	a.m. on the ea	rlier of: (b)	The 90th day	after the
is filed.		, 	2024	·				
is filed.	12024	10 -			tative of a mem	<b></b>		_