La5000 actor

(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:
J. HORNE AUG 1 4 2025

Office Use Only



400456076174

31 : U. 17 : E1 5: 14 16 d

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>08/13/2025</u>	-	**WALK IN	/**
ENTITY NAMEOXFOR	D ORGANICS PRODU	CTS LLC	<u>-</u>
DOCUMENT NUMBER_			-
	PLEASE FILE THE A	TTACHED AND RETURN	
	Plain Capy		
XXXXXXXX	Certified Copy s		
	Certificate of Status		
/	PLEASE OBTAIN THE FOLL	OWING FOR THE ABOVE ENTITY	
	Certified Copy of Arts & A	Amendments	
	Certified Copy of Arts & A	mendments Complete File (Inclading Annual Reports)	
	Certificate of Status		
	Certificate of Status Reflec	ting;	
	APOSTILLE' / NOT	TARIAL CERTIFICATION	
COUNTRY OF DESTINATION	ON		
NUMBER OF CERTIFICAT	ES REQUESTED	<u> </u>	
TOTAL OWED \$ 55.00	· · · · · · · · · · · · · · · · · · ·	ACCOUNT # 120140000108 Lith Junited Corporate Services, Inc. Issues or concerns, Thank you so much!	1
Please call Tina at the	e above number for anu	issues or concerns. Thank you so much!	

COVER LETTER

.

TO:

	istration Sect ision of Corpo				
CUBIECT		RGANICS LLC			
SUBJECT:		Name of Limit	ed Liability Company	_	
The enclosed	Articles of Ar	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspond	lence concerning this matter to	o the following:		
		Gina Fusco			
			Name of Person		
		The Internicola Law Firm, I	P.C.		
			Firm/Company		
		115 Maple Avenue			
			Address		
		Red Bank, NJ 07701			
			City/State and Zip Code	-	·
		tom@oxfordlawn.com			
		E-mail address: (to	be used for future annual rep	ort notification)	
For further in	iformation con	cerning this matter, please cal	1:		
Gina Fusco			718 97986	5888	
	Name of P	erson	at () Area Code	Daytime Telepho	ne Number
Enclosed is a	check for the	following amount:			
i \$25.00 F	îling Fee	☐ \$30.00 Filing Fee & Certificate of Status	▼ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address: gistration Se	ction	Street Addr Registratio	ress: on Section	
Div	ision of Cor		Division of	of Corporation	
). Box 6327 lahassee, FL	32314		e of Tallahas. Ionroe Street	
1 (1)	imitaniote, i L	_		TOTAL OTHER	,

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2025 AUT 13 13 10:03

OXFORD ORGANICS 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 on06/05/202	5 and assigned
Florida document number L25000264604 .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
OXFORD ORGANICS PRODUCTS LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation	n "LLC" 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)		
	<u></u>	<u>_</u>
	11	and with a many of the many powietened
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	aaress on our records,	enter the name of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street	address
		, Florida Zip Code
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Remove
			□Change
			□Add
			□ Remove
			□Change

					····
			·		<u> </u>
					
					
				<u> </u>	
, , , , , , , , , , , , , , , , , , , 					<u> </u>
			<u> </u>		
					
					
					
Affective date, if other than the an effective date is listed, the date must lote: If the date inserted in this blocument's effective date on the Defective date.	st be specific and cannot block does not meet the	applicable statute	ling or more than 90 ory filing requiren	(optional) days after filing.) P nents, this date wi	tursuant to 605.0207 ill not be listed as t
record specifies a delayed effective is filed.	e date, but not an effec	ctive time, at 12:0) I a.m. on the ear	lier of: (b) The 9	90th day after the
Dated August 8	, 2025	·			
Pated August 8	Signature of a member of	·	sentative of a memb	टर	

Filing Fee: \$25.00