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COVER LETTER.

TO: Registration Sec		·	Art.		
PEARL'S C	ASIS LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspor	idence concerning this matter	to the following:			
	MARJORIE WILLIAMS				
	PEARL'S OASIS HEALTH	Name of Person AND WELLNESS LLC			
	8452 LONG ACRE DRIVE	Firm/Company			
	MIRAMAR FL 33025	Address		; <u> </u>	i s
	PEARLSOASIS888@GMAIL	City/State and Zip Code COM			
	E-mail address: (t	o be used for future annual report notifi	cation)	;s	.;- <r< td=""></r<>
For further information co	neerning this matter, please ca	all:		-T]	Signal Signal
MARJORIE WILLIAMS		954 701-5805		_ <u> </u>	TATE
Name of	Person		Telephone Number	_ ~-	\$5
Enclosed is a check for the	e following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing For Certificate of State Certified Copy (additional copy is	Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

	O		
•	O ORGANIZATION	1	
)F		
PEARL'S OASIS LLC			<i>,</i> ~ .₀
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)	r recorus.)	<u>.</u>
ne Articles of Organization for this Limited Liability Company	were filed on JANUAR	Y 15, 2019 and as	ssigned F.
lorida document number	<u></u>		9
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	oility company here:		
PEARL'S OASIS HEALTH AND WELLNESS LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "I	IC."
Enter new principal offices address, if applicable:	1334 NE 151 STREE	<u> </u>	
Principal office address MUST BE A STREET ADDRESS)	NORTH MIAMI, FLO	RIDA 33162	
			
nter new mailing address, if applicable:	8452 LONG ACRE D	PRIVE	
Mailing address MAY BE A POST OFFICE BOX)	MIRAMAR, FLORIDA	A 33025	
Name of New Registered Agent: New Registered Office Address:		records, enter the name	of the ne
New Registered Office Address.	Enter Florida stree	et address	
		Florida	
	City	Zip Code	,
ew Registered Agent's Signature, if changing Registered Agent:	<u> </u>		
hereby accept the appointment as registered agent and agr rovisions of all statutes relative to the proper and complete ccept the obligations of my position as registered agent as eing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	e performance of my du provided for in Chapte	ities, and I am familiar w er 605, F.S. Or, if this doc	ith and cument is
If Cha	nging Registered Agent, <u>Si</u> s	gnature of New Registered Ago	<u>ent</u>

.-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
MGR	MARJORIE WILLIAMS	8452 LONG ACRE DRIVE MIRAMAR, FLORIDA, 33025	= Add
			□ Remove
	CHRISTELLE C. WILLIS	8452 LONG ACRE DRIVE	Change
AMBR		MIRAMAR, FLORIDA 33025	
			Remove
			□ Change
AMBR SHANIECE V	SHANIECE W. GAUDIN-PERRY	8452 LONG ACRE DRIVE MIRAMAR, FLORIDA 33025	= Add
			☐ Remove
			Change
AMBR	MCKINLEY WILLIAMS III	8452 LONG ACRE DRIVE MIRAMAR, FLORIDA 33025	■ Add
			Remove
			Change
AMBR	JAMI E. WILLIS	8452 LONG ACRE DRIVE MIRAMAR, FLORIDA 33025	■ Add
			Remove
			☐ Change
	JAMI E. WILLIS		
			☐ Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an eff Note:	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	MARJORIE WILLIAMS Typed or printed name of signee

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Filing Fee: \$25.00