

L19000017280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

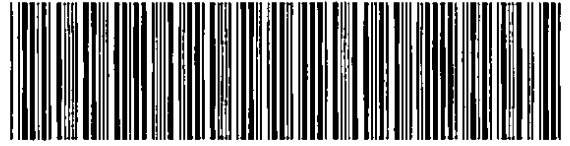
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500325777565

09/08/15--01015--028 *#60.00

REC'D
CLERK OF STATE
CORPORATIONS
151728-8 PM 4:01

Amend/name change

SEP 27 2015

D CUSHING

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

PEARL'S OASIS 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 JANUARY 15, 2019 and assigned
Florida document number 19000017280.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PEARL'S OASIS HEALTH AND WELLNESS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1334 NE 151 STREET

(Principal office address MUST BE A STREET ADDRESS)

NORTH MIAMI, FLORIDA 33162

Enter new mailing address, if applicable:

8452 LONG ACRE DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

MIRAMAR, FLORIDA 33025

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

_____, 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

FILED
STATE OF FLORIDA
JAN 15 2019
P.M. 1:01
TALLAHASSEE

-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>	<u>Type of Action</u>
MGR	MARJORIE WILLIAMS	8452 LONG ACRE DRIVE MIRAMAR, FLORIDA, 33025	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHRISTELLE C. WILLIS	8452 LONG ACRE DRIVE MIRAMAR, FLORIDA 33025	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHANIECE W. GAUDIN-PERRY	8452 LONG ACRE DRIVE MIRAMAR, FLORIDA 33025	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MCKINLEY WILLIAMS III	8452 LONG ACRE DRIVE MIRAMAR, FLORIDA 33025	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAMI E. WILLIS	8452 LONG ACRE DRIVE MIRAMAR, FLORIDA 33025	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	JAMI E. WILLIS		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

