L19000017280

(Requestor's Name)
(Address)
(Address)
(133.2.2.)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Danish Maritan)
(Document Number)
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COVER LETTER

TO.

Tallahassee, FL 32314

TO: Registration S Division of Co					
PEARL'S SUBJECT:	OASIS HEALTH AND WELL				
SUBJECT.	Name of Lim	ited Liability Company			
	•				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
	MARJORIE WILLIAMS				
		Name of Person		-	
	OASIS OPTIMUM CARE	ELLC			
	Firm/Company				
	Address				
	MIRAMAR FLORIDA 33	025			
		City/State and Zip Code		202	
	OASISOPTIMUMCARE@			2021 AFR	
		to be used for future annual	report notification)		
For further information	concerning this matter, please c	all:		2	
MARJORIE WILLIAMS 954 701-5805					
Name	of Person	Area Code	Daytime Telephone Number	8: 08	
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end	Certifica Certifica	te of Status &	
Mailing Addr		Street A			
Registration Section Division of Corporations			ation Section		
P.O. Box 63			n of Corporations ntre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEARL'S OASIS HEALTH AND	WELLNESS LLC	•				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears o Liability Company)	n our records.)			
The Articles of Organization for this Limited 1	Liability Company	y were filed on JANU	JARY 15, 2019	and a	ssigned	
Florida document number 19000017280	·					
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name	of the limited lial	bility company here	:			
OASIS OPITMUM CARE LLC						
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desig	gnation "LLC" or the at	breviation "	L.L.C."	
Enter new principal offices address, if appli	icable:	8452 LONG ACRE	E DRIVE	 .		
(Principal office address MUST BE A STRE	ET ADDRESS)					
		MIRAMAR , FLOI	RIDA 33025			
Enter new mailing address, if applicable:		8452 LONG ACRE	E DRIVE			
(Mailing address MAY BE A POST OFFICE BOX)		MIRAMAR FLORIDA 33025				
		· · · · · · · · · · · · · · · · · · ·			<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our reco	rds, <u>enter the nam</u>	e of the ne	Pregister	
Name of New Registered Agent:	OASIS LIFES	TYLE COMMUNITIE	ES LLC		12	
New Registered Office Address:	1334 NE 151 S	1334 NE 151 STREET			α *	
**************************************		Enter Florida		<u> </u>	80	
	NORTH MIAN		, Florida <u></u>	162		
		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>	Name	Address	Type of Action
MGR	MARJORIE WILLIAMS	8452 LONG ACRE DRIVE	≡ Add
		MIRAMAR FLORIDA 33025	□Remove
			☐ Change
			□ Add
			□Remove
			☐ Change
			□Remove N
			□Change ⇔
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ective date, if other than the effective date is listed, the date mi	e date of filing:	r to date of filing or more than	(optional) 90 days after filing.) Pa	arsaant to 605.020°
te: If the date inserted in this tument's effective date on the I	lock does not meet the appli	cable statutory filing requi	rements, this date wi	ll not be listed as
	opinio o o o o o o o o o	•		
cord specifies a delayed effecti s filed.	ve date, but not an effective	time, at 12:01 a.m. on the	earlier of; (b) The 9	0th day after the
ed MARCH 26	, 2021			
			2	

Typed or printed name of signee