

L19000017280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

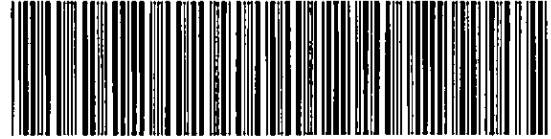
(Business Entity Name)

(Document Number)

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STATE OF MICHIGAN
REGISTRY

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D. BRUCE
MAY 26 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PEARL'S OASIS HEALTH AND WELLNESS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARJORIE WILLIAMS
Name of Person
OASIS OPTIMUM CARE LLC
Firm/Company
8452 LONG ACRE DRIVE
Address
MIRAMAR FLORIDA 33025
City/State and Zip Code
OASISOPTIMUMCARE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARJORIE WILLIAMS at 954 701-5805
Name of Person Area Code Daytime Telephone Number

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 enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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	<input checked="" type="checkbox"/> Add
		MIRAMAR FLORIDA 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2021 APR 2 AM 8:08
ADD
REMOVE
CHANGE
ADD

END

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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MICHIGAN

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MARCH 26, 2021

Signature of a member or authorized representative of a member

MARJORIE WILLIAMS

Typed or printed name of signer