

L21000135384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

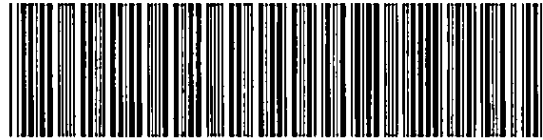
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 SEP -7 AM 10:57

May 27, 2021

MARJORIE WILLIAMS
8452 LONG ACRE DRIVE
MIRAMAR, FL 33025

SUBJECT: OASIS LIFESTYLE COMMUNITIES LLC
Ref. Number: L21000135384

We have received your document for OASIS LIFESTYLE COMMUNITIES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham
OPS

Letter Number: 221A00011507

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

OASIS LIFESTYLE COMMUNITIES 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 MARCH 25, 2021 and assigned Florida document number L21000135384.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 BEACH 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:

OASIS OPTIMUM CARE LLC

L19000017280

New Registered Office Address:

8452 LONG ACRE DRIVE

Enter Florida street address

MIRAMAR

City

Florida 33025

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.

Signature of New Registered Agent
If Changing Registered Agent, Signature of New Registered Agent

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

CLASS OF Premium care LLC
L19000017280

Rental Properties TYPE OF
Business Rental Properties/ Communities

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

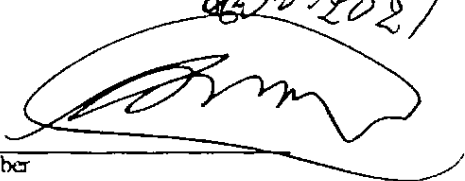
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 APRIL 06, 2021

04/30/2021



Signature of a member or authorized representative of a member

MARJORIE WILLIAMS

Typed or printed name of signee