Florida Department of State Division of Consultions

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000329304 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRU OASIS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

5

Electronic Filing Menu Corporate Filing Menu

Help

J DEN'MS SEP 26 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tru Oasis LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records. imited Liability Company))
The Articles of Organization for this Limited Liability Cor Florida document number L22000390716	mpany were filed on 09/07/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	- · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:	3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
New Registered Office Address:		
	Enter Florida street address	
		rida Zin Code
	City	Zip Coae

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 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>	Type of Action
AMBR	Jeffrey Newell	2625 Market St.	🏿 Add
		Jacksonville FL. 32206	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🖸 Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

	Riley Park						
	Sig	nature of a member	T2k r or authorized re	presentative of a	member		
Dated	September 22	20	22				
ord is fil		ite, but not an eff	ective time, at	12:01 a.m. on th	ne earlier of: (b)	The 90th day aft	er the
(If an effi <u>Note:</u>	ective date is listed, the date must be If the date inserted in this block lent's effective date on the Depar	specific and cannot does not meet the	e applicable sta	of filing or more the stutory filing rec	nan 90 days after fil	ing.) Pursuant to 60	95.0207 (3 sted as the
Effecti	ive date, if other than the da	te of filing:			(option	al)	
-							_
-		• •		<u> </u>			_
-							_
-	**************************************				***		_
<u>-</u>					•		-
-			-	<u>-</u>	18-7		-
_	and the second s		.,,,,,,		<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		-
_							-
_				A-1		***************************************	-
_		_					_
_		. - .		<u></u>			_
_							_

• . .

Filing Fee: \$25.00