

L06000108707

(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



000091816450

03/09/07--01033--004 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAR - 9 AM 10:56

J. BRYAN

MAR 12 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIDTOWN OASIS, 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:

LES L. MOORE, CPA

(Name of Person)

MOORE & ASSOCIATES

(Firm/Company)

P.O. BOX 8707

(Address)

DEERFIELD BEACH, FL 33443

(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAR - 9 AM 10:56

For further information concerning this matter, please call:

LES L. MOORE

(Name of Person)

at (954) 258-3648

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

MIDTOWN OASIS, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 11-09-2006 and assigned
document number L06000108707.

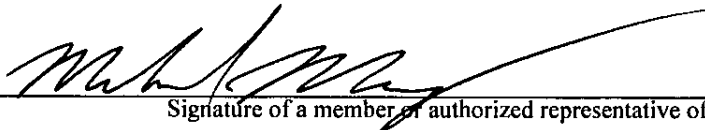
SECOND: This amendment is submitted to amend the following:

CHANGE MANAGER/MEMBER DETAIL:

OASIS, LLC TO OASIS III, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAR -9 PM 10:56

Dated MARCH 8, 2007



Signature of a member or authorized representative of a member

MICHAEL M MELENDEZ

Typed or printed name of signee

Filing Fee: \$25.00