Division of Corporations Electronic Filing Cover Sheet

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.

(((H11000249685 3)))



H110002496853ABC3

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

Pax Number

: (850)617-6380

From:

Account Name : SELLAR, SEWELL, RUSS, SAYLOR& JOHNSON, P.A.

Account Number : I20010000127 Phone : (352)787-2308

Fax Number : (352) 787-4341

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

Email Address: csimmons@907webster.com

EBRETARY OF STATE

RECEIVED

OCT 17 AM 8: 01

COR AMND/RESTATE/CORRECT OR O/D RESIGN TC OASIS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

25.W

J. SAULSBERRY EXAMINER

OCT 18 2011

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

10/17/2011

#00/T002

TO/TY/SOLL MON LO:23 FAX

COVER LETTER

TO: * Registration S Division of Co					
SUBJECT:	TC	Oasis, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sui	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
		•	. •		
	•	Charles D. Johnson	•		
•		Name of Person	·····		
	Sellar Sewe	ell,Russ,Saylor & Johnson, P	• Д		
•		Firm/Company			
·		907 Webster St.			
		Address			
		Leesburg, FL 34748		2011 SE	
		City/State and Zip Code			-17
	csim	mons@907webster.com		ASS T	
•	E-mail address: (to be used for future annual report notifica	stion)	ARY SSE	
For further information	concerning this matter, please of	eall:		2011 OCT 17 AM 8: SECRETARY OF STA TALLAHASSEE, FLOR	
Crist	ina P. Simmons	at (352) 7	87-2308	93.55 9 9.	18.75
Name	of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
[7]\$25.00 Filing F ∞	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional of	of Status &	

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

H11000249685 3

H11000249685 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on d Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>Nov</u>	ember 3, 2010 and assigned		
Florida document numberL10000114399				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company,"	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		Z20		
(Principal office address MUST BE A STREET ADDRESS)				
		SERY SERY		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		5 8 8		
• •		<u> </u>		
B. If amending the registered agent and/or registered	office address on our	records, enter the name of the nev		
registered agent and/or the new registered office address h	ere:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter F	Enter Florida street address		
F)				
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Ager	<u>ıt:</u>			

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

H11000249685 3

MGRM MGRM	Name Timothy P. Reid	Addresa	Type of Action
	Timothy P. Reid		
MGRM	•	1510 Park Dr. Leasburg, FL 34748	Add ✓ Remove
-	Timothy J. Reid	1510 Park Dr. Leasburg, Ft. 34748	Add Remove
·			Add
-	•		Add Remove
	,		AddRemove
D. If amoudi	ng any other information, enter c	hauge(s) here: (Attach additional sheets, if nec	2011 OCT 17 SECRETARY TALLAHASSE
Dated	() <i>N</i> (I Menta	AH 8: 13 E. FLORIDA
,	Timoti	omber of authorized representative of a member LG J PLO Speed or printed name of signee Page 2 of 2	

H11000249685 3