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| PICK-UP WAIT MAIL | | |
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| (Business Entity Name) | | |
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| (Document Number) | | |
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SECRETARY OF STATIONS
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COVER LETTER

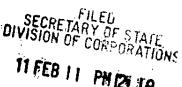
| TO: Registration Section : |
|--|
| SUBJECT: OASIS BODYWORKS SOUTH LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| VANUSZ NIEDBALA Name of Person |
| OASIS BODYWORKS SOUTH UC Firm/Company |
| 7025 NE 2nd AUE. Address |
| MIAMI FL 33138 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (305) 754-7171 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & Certificate of Status} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{\$\text{\$certified Copy (additional copy is enclosed)}}} \$\text{\$\tex |

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



| OASIS BO (Name of the Limited Li (A FI | ability Company as it now appears of orida Limited Liability Company) | n our records.) |
|--|---|--|
| The Articles of Organization for this Limited Liab Florida document number LN 0000044 | | 1. 11, 2011 and assigned |
| This amendment is submitted to amend the follow | ing; | |
| A. If amending name, enter the new name of th | e limited liability company here: | |
| The new name must be distinguishable and end with the "L.L.C." | he words "Limited Liability Company," | 'the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable | le: | |
| (Principal office address MUST BE A STREET A | ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u> </u> | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| · | Enter | Florida street address |
| _ | | , Florida |
| | City | 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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** Title Title <u>Name</u> **Address** MGRM Mei Lu 7025 NE 2nd AUE miami FL 33138 ☐ Add Kemove JANUSZ NIEDBALA w.G.KM ☐ Add Remove Remove Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00