L11000057722

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T. HAMPTONI JUN 8 / 2011 TYANNAIST

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Ogsis at Home 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:				
Sharon D. Johnson Name of Person				
Oasis at Home, LLC				
4010 SE 145th St.				
Summerfield, FL 34491 City/State and Zip Code +45johnson 7 @ Jahoo, Com E-missi address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Sharon D. Johnson at 352 245 - 9301 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified to 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

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	ome, Li	C
(Name of the Limited Liability Co (A Florida Lim	nited Liability Company	y)
The Articles of Organization for this Limited Liability Com Florida document number <u>L110000 5772</u>		May 16, 2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	d liability company h	<u>iere</u> :
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Con	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres		n our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		Enter Florida street address
	•	
	City	, Florida Zip Code
		4 · · · ·

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 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 **Title** Name Address Type of Action MGRM Tyrone G. Johnson
Owner

MGRM Brittany E. Johnson
Owner Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) above added names are owners. assume for documentation purposes are considered 2011 Signature of a member of authorized representative of a member Sharon D. Johnson
Typed or printed name of signee

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Filing Fee: \$25.00