

L11000126962

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV - 2 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Oasis Property Care 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:

Justin McIntosh

Name of Person

Oasis Property Care LLC

Firm/Company

1655 The Greens Way, Unit 3414

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

jmac7469@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin McIntosh

Name of Person

at (904)

424-6382

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

MS. RICKERTSEN
904 908 2554-FAX

Oasis Property Care LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/8/2011 and assigned
Florida document number L11000126962.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

1655 The Greens Way, Unit 3414

Jacksonville Beach, FL 32250

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1655 The Greens Way, Unit 3414

Jacksonville Beach, FL 32250

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Justin McIntosh

New Registered Office Address: 1655 The Greens Way, Unit 3414

Enter Florida street address

Jacksonville Beach

, Florida

32250

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.

[Signature]
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:

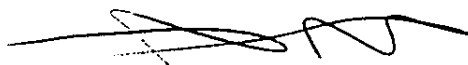
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Justin McIntosh	1655 The Greens Way, Unit 3414 Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Justin McIntosh	1655 The Greens Way, Unit 3414 Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	David Sherrill	1386 8th Street South Jacksonville Beach, FL 32250	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

A new EIN is being applied for with the IRS.

Dated _____, _____.



Signature of a member or authorized representative of a member

Justin McIntosh

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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