12000120823

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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AFFARE SECRETARY

COVER LETTER

то:	Registration Se Division of Cor		·	
SUBJE	ECT:	The Blan	k Check, LLLC	.*
		Name of Limit	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	endence concerning this matter	to the following:	
			David Hall	
			Name of Person	
			Firm/Company	
			133 SW 120 Way	
		V	Address	
		Co	oral Springs, FL 33071	
			City/State and Zip Code	
		da	vidhall80@gmail.com o be used for future annual report notific	ation)
For fur	ther information c	oncerning this matter, please c	·	anon,
		David Hall		57-1597
	Name o	f Person	Area Code & Daytime	Telephone Number
Enclose	ed is a check for the	ne 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

The B (Name of the Limited Liabilia (A Florida	lank Check, LLLC ty Company as it now appears a Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL12000120823	Company were filed on	09/19/2012	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	<u>e</u> :	
Buy	yer's Oasis, LLC		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compar	ny," the designation "LLG	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
5			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ur records, enter the	Hamz of the new
Name of New Registered Agent:		HA 9 SEE	F-11-E
New Registered Office Address:		T)	
	Ent	ter Florida street adde.	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

٠,

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			□ Damana
			
<u>, ,</u>			Remove
. If amend	ding any other information,	enter change(s) here: (Attach additional sheets,	
	0-1-11	0040	
Dated	October 4	ania Hall	
	Signatur	e of a member or authorized representative of a member	ber
		David Hall Typed or printed name of signee	

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Filing Fee: \$25.00