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SECRETARY OF STATE TALLAHASSEE, FLORIDA 2013 HAR 25 PM 2: 50

MAR 26 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The World Name of Limited Lie	Oasis Co. Lability Company	<u>'C</u>
The enclosed Articles of Amendment and fee(s) are submitted	i for filing.	
Please return all correspondence concerning this matter to the	following:	
I Gn	H. Robbins	
	Firm/Company	—— <u> </u>
670 Kenwick	Circle #202 Address	TILE TALLERS
Casselberry City	FL 32707	EL SEE FLORE
E-mail address: (to be us	sed for future annual report notification)	
For further information concerning this matter, please call:		
Ian H. Robbins Name of Person	at (407) 202-420 Area Code & Daytime Telephone	26 e Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\text{Certificate of Status}\$	Certified Copy	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 World	Oasis Co.	LLC
(Name of the Limited Liab) (A Flori	lity Company as it now appear da Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on	$\frac{4k}{201}$ and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the	imited liability company her	<u>·e</u> :
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	TALLERS AR
Enter new mailing address, if applicable:		ASSERT B
(Mailing address MAY BE A POST OFFICE BOX		F. 2
B. If amending the registered agent and/or re registered agent and/or the new registered office a		•
Name of New Registered Agent:		
New Registered Office Address:	En	ter 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 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 MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGAM	Camille A. Robbins	1738 Rock Creek dr	Add
		Grove City, OH 44123	Remove
MGRM	Sakiya Y. Robbins		Add
			Remove
			Add
		T SECRET	Remove
		TALLAHASSEE. FLORIDA	Remove TIL AID
			Remove
			Add
			Remove
			Add
			Remove

D. If am	tending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	March 18th, 2013
	QAC.
	Signature of a member or authorized representative of a member
	I an H. Robbins
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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