

L130000 97313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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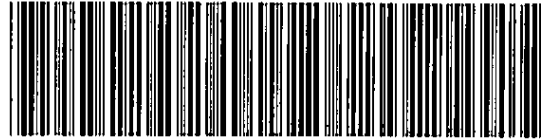
(Business Entity Name)

(Document Number)

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S. YOUNG

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19 AUG 23 4 3 13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Safari Oasis Massage 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:

Tara Stakelin
Name of Person

Safari Oasis Massage
Firm/Company

5108 Tilson Drive
Address

New Port Richey, FL 34652
City/State and Zip Code

Stakelintara@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tara Stakelin at (727) 452-6771
Name of Person Area Code Daytime Telephone Number

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building

Safari Oasis Massage LLC

FILED
JUN 23 1963
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF NEW YORK
NEW YORK, N.Y.
Assigned

Safari Oasis Massage and Facial Spa LLC

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

[illegible]

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

August 21, 2019

Tara Stalen
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Tara Stakeliri

Typed or printed name of signee