

NOV. 2. 2015 4:08PM
Division of Corporations

L14000008326
(((H15000261874 3)))

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : COHEN & GRIGSBY, P.C.
Account Number : I20030000042
Phone : (239) 390-1912
Fax Number : (239) 390-1901

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Email Address: lrader@cohenlaw.com

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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OASIS RP, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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NOV. 2. 2015 4:09PM COHEN & GRIGSBY

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
NO. 176 P. 2
2015 NOV -2 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(((H15000261874 3)))

OASIS RP, 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 01/15/2014 and assigned
Florida document number L14000008326

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4224 Renaissance Preserve Way

(Principal office address MUST BE A STREET ADDRESS)

Fort Myers, FL 33916

Enter new mailing address, if applicable:

4224 Renaissance Preserve Way

(Mailing address MAY BE A POST OFFICE BOX)

Fort Myers, FL 33916

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:

New Registered Office Address:

4224 Renaissance Preserve Way

Enter Florida street address

Fort Myers

Florida 33916

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 605, 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 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:

((H15000261874 3))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Southwest Florida Affordable Housing Choice Foundation, Inc.	4224 Renaissance Preserve Way	<input type="checkbox"/> Add
		Fort Myers, FL 33916	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

NO. 176 P. 4

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WASHINGTON, D.C. 20520

(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)(h)

Mar 5

Signature of a member or authorized representative of a member

Authorized Representative ^{Signature of a member}

Marcus D. Goodson

Typed or printed name of signee

((H15000261874 3)))