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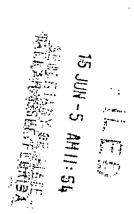
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JUN 08 2015 J SHIVERS

COVER LETTER

	egistration Sec vision of Corp			
SUDIECT		VICIOS MULTIPLES LLC		
SUBJECT	:	Name of Limi	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspoi	ndence concerning this matter	to the following:	
		EMERSON A. MEJIA RO	DRIGUEZ	
			Name of Person	
		C/O BSSN		
			Firm/Company	
		4612 N HIATUS RD		
			Address	
		SUNRISE, FL 33351		
			City/State and Zip Code	
		TONY.PESTANO@BSSNI	USA.COM to be used for future annual report notific	ation)
For further	information co	oncerning this matter, please ca	·	
TONY PES	STANO		954 578-0016	
	Name of	Person		elephone Number
Enclosed is	a check for the	e 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

OASIS SERVICIOS MULTIPLES	S LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)		_
The Articles of Organization for this Limited I Florida document number L14000119912	Liability Compan	y were filed on $\frac{07/30/2014}{1}$,	and	d assigned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited lial	bility company here:			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	n "LLC" or th	he abbreviatio	on "L.L.C."
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:		4612 N HIATUS RD			
(Mailing address MAY BE A POST OFFICE	CBOX)	SUNRISE, FLORIDA	33351		
B. If amending the registered agent and registered agent and/or the new registered of			ecords, <u>en</u>	iter the na	ime of the nev
Name of New Registered Agent:	PROFESSION	NAL ACCOUNTING & TA	X GROUP I	INC	
New Registered Office Address:	4614 N HIAT	<u> </u>			J ****
<u> </u>		Enter Florida street	address		
	SUNRISE		, Florida	33351	
		City		Zip C	To de

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

MGR = N AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address COLONIA MATAMOROS, #3029	Type of Action
AMBR	SEPRIMET	TEGUCIGALPA MOC, HONDUSAS	_ ■ Add
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	N/A
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ffec	tive date, if other than the date of filing: (optional)
fan ei Note:	tive date, if other than the date of filing:(optional) Tective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
locur	nent's effective date on the Department of State's records.
	- Table 1
e re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
The	: 9001 day after the record is filed.
The	ch in
The	
The Dated	
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Page 3 of 3

Filing Fee: \$25.00