

| (Requestor's Name) | |
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| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of | Status |
| Special Instructions to Filing Officer: | |
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Office Use Only



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627 - 0 2016 S. PRATHER



August 11, 2018

NELSON A. VILLAMIZAR OASIS EXPRESS TRANSPORT LLC 5278 GOLDEN GATE PKWY., STE 1B NAPLES, FL 34116

SUBJECT: OASIS EXPRESS TRANSPORT LLC

Ref. Number: L15000004930

We have received your document for OASIS EXPRESS TRANSPORT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather Regulatory Specialist III

2018 AUS 31 PH 1: 24

Letter Number: 018A00016637

COVER LETTER

| SUBJECT: OA | SIS EXPRE | SS TRANSPORT | · ddc. |
|----------------------------|---|---|--|
| sobster | Name of L | imited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are so | ubmitted for filing. | |
| Please return all correspo | ndence concerning this matt | er to the following: | |
| | Nalson | A. Unlamizar Name of Person | • |
| | | | |
| | OASIS EX | SPRESS TRUS | poet. UC |
| | | | |
| | 5278 Gole | den Gate Pkwy | ST. #1 |
| | | Address | |
| | Laplas | City/State and Zip Code | |
| | | | |
| | OQSISCXPY&S E-mail address | stransport @ Gm | ail·Com . |
| For further information c | oncerning this matter, please | e call: | |
| | 16.11 | | |
| Nalson Name o | f Person | at (239) 919- Area Code Daytime | 7662 Telephone Number |
| | | , | • |
| Enclosed is a check for th | 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:

TO:

Registration Section Division of Corporations

> 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**

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 | and assigned |
|---|--------------------------------------|
| This amendment is submitted to amend the following: | · OB |
| A. If amending name, enter the new name of the limited liability company here: | 3 |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation | a "LLC" or the abbreviation "L.E.C." |
| Enter new principal offices address, if applicable: | بب |
| (Principal office address MUST BE A STREET ADDRESS) | े ज |
| B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here: | ecords, enter the name of the nev |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Florida street d | address |
| | , Florida |
| Ch. Now Registered Agent's Signature if changing Paris target Agent. | Zip Code |

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. Thereby 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:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address 6210 Wilshira Pines Cr. #11 Maplas, FL. 34109 | Type of Action 7 |
|--------------|-------------------|---|--|
| AMBR | Blanca Villamizor | Maplas, FL. 34109 | D Add |
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| Effective date | , if other than the date of e is listed, the date must be speci | filing: | - L. CCV | (optional) | D |
| Note: If the da | te inserted in this block does | not meet the applica | able statutory filing requ | irements, this date v | ruisuant to 605.020 vill not be listed a |
| document's eff | ective date on the Departmen | it of State's records. | | | |
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Page 3 of 3

Filing Fee: \$25.00