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то:	Registration Sec			
	Division of Corp	porations	\$	
SURIE		uilt Oasis, LLC		
		Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please 1	eturn all correspon	ndence concerning this matter	to the following:	
		Jonathan Esslinger		
			Name of Person	
		Southern Built Oasis, LLC		
			Firm/Company	
		3680 Regent Dr.		
			Address	<u></u>
		Kennesaw, GA 30144		
			City/State and Zip Code	
		southernbuilt@comcast.net	to be used for future annual report notification	
For fur	ther information co	oncerning this matter, please o	•	nt)
Debora	nh Esslinger		305 395.8965	
	Name of	f Person	at () Area Code Daytime Tele	ephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$ 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center	RY OF STORPOR CORPOR SEE. FLO SEE. FLO
	·	-,	Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Built Oasis, LLC

(Name of the Limite	ed Liability Compa (A Florida Limited)	ny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Li Florida document number L15000017533	ability Company	were filed on	and assigned
This amendment is submitted to amend the folio	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	81681 Old Highway	
(Principal office address MUST BE A STREE	T ADDRESS)	Islamorada, FL 33036	
Enter new mailing address, if applicable:		3680 Regent Dr.	
(Mailing address MAY BE A POST OFFICE I	вох)	Kennesaw, GA 30144	
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	cords, enter the name of the new
	81681 Old Hig	hway	
New Registered Office Address: 81681 Old H		Enter Florida street	address
	Islamorada		_, Florida 33036
		City	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:	•	
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regional being filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as registered office change.	performance of my duti provided for in Chapter address, I hereby confi	es, and I am familiar with and 605, F.S. Or If this document is

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	Type of Action
AMBR	Deborah Esslinger	3680 Regent Dr.	≅ Add
		Kennesaw, GA 30144	☐ Remove
			□ Change
			□ Remove
			□ Change
			Add
			☐ Remove
			Change
			Add
		-	□ Remove
			□ Change
		***************************************	□ Add
			SECRETARY OF STATE STATE SECRETARY OF SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF SECRETARY OF STATE SECRETARY OF SECRET
			OF STATE OF

If amending any other in	formation, enter change(s) here: (Attach addition	
<u></u>		
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Note: If the date inserted in document's effective date or	and the date of filing: ate must be specific and cannot be prior to date of filing or methis block does not meet the applicable statutory filing the Department of State's records. Slayed effective date, but not an effective the record is filed.	g requirements, this date will not be listed as t
June 18	2015	
	Mallen	())
	Signature of a member or authorized representative	
Jonathan Essling	ः	RETAR IUN 22 CRETAG AHASS
	Typed or printed name of signee	2 PH
	Page 3 of 3	STAI ORATI 2: 0 STATE LORID
	Filing Fee: \$25.00	P 10 K