

L15000025934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

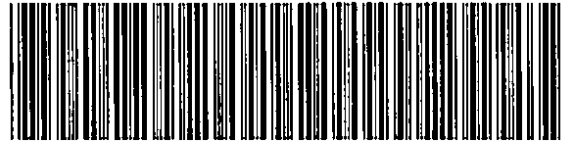
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Spoke with Bryan Sarno 6-20-18 stated  
he was not trying to change the name  
The current name is Fajardo  
to name changes 12-15-15

Office Use Only



800313290998

06/18/18--01005--010 \*\*\$11.00

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L15  
6-20-18

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Oasis Repose Sea Spa 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:

Bryan A. Sancho  
Name of Person

Firm/Company

3333 Tumbling River Dr.  
Address

Clermont FL 34711  
City/State and Zip Code

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

For further information concerning this matter, please call:

Bryan Sancho at ( 305 ) 970-0447  
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  
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 Repose Sea Spa 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 2/11/2015 and assigned Florida document number 45000025934.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

REFUGE SEA LLC

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:**

(Principal office address MUST BE A STREET ADDRESS)

10 Grant Street  
St. Augustine FL 32084

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

10 Grant Street  
St. Augustine FL 32084

**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:

10 Grant Street

Enter Florida street address

St. Augustine

City

Florida

32084

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.*

Bryan Sanchez  
If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
OWNER / CEO CHIEF EXECUTIVE OFFICER	Bryan Ashton Sancho	10 Grant Street.	<input checked="" type="checkbox"/> Add
		St. Augustine FL 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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DEPARTMENT OF TALLAHASSEE, FLORIDA

F. 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated June 9, 2018

Bryan Sanchez  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Bryan A. Sancho  
Typed or printed name of signatory

Typed or printed name of signee