

L16 DDDDD92060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

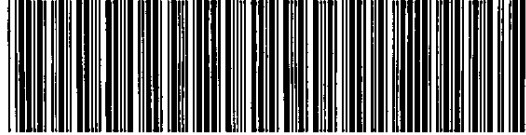
(Business Entity Name)

(Document Number)

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

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16 JUL 29 PM 3:47  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

AUG 01 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2016

NWABUFO C CHIDOLUE  
1916 MERLOT DRIVE  
SANFORD, FL 32771

SUBJECT: BLUE OASIS LLC  
Ref. Number: L16000092060

We have received your document for BLUE OASIS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 516A00015503

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BLUE OASIS 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:

NWABUFO C CHIDOLUE

\_\_\_\_\_  
Name of Person

BLUE OASIS LLC

\_\_\_\_\_  
Firm/Company

1916 MERLOT DRIVE

\_\_\_\_\_  
Address

SANFORD FL 32771

\_\_\_\_\_  
City/State and Zip Code

chidoluee@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NWABUFO C CHIDOLUE

at ( 281 ) 6837071

\_\_\_\_\_  
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**

BLUE OASIS 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 05/11/2016 and assigned Florida document number L16000092060.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

401 E. JACKSON STREET, SUITE 2340  
TAMPA FL 33602

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

**(Mailing address MAY BE A POST OFFICE BOX)**

1916 MERLOT DRIVE  
SANFORD FL 32771

**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:

NUABUFO C. CHIDOLUE

New Registered Office Address:

1916 MERLOT DRIVE

Enter Florida street address

SANFORD

City

Florida

32771

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:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>NWABUFO C. CHIDOLUE</u>	<u>1916 MERLOT DR. SANFORD</u>	<input checked="" type="checkbox"/> Add
		<u>FL. 32771</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>MARCUS ANDERSON</u>	<u>1238 4TH ST. SOUTH</u>	<input type="checkbox"/> Add
	<u>INVESTMENT LLC</u>	<u>ST. PETERSBURG FL 33701</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>FULLTROT TRADING LLC</u>	<u>1916 MERLOT DRIVE</u>	<input type="checkbox"/> Add
		<u>SANFORD FL. 32771</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 JUL 28 PM 3:48  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The Following Where Amended:

- 1) Changed The Registered Agent from Marcus L. Anderson To Nwabuko C. Chidolue
- 2) Changed the Registered Agents Address to 1916 MEELOT DR. SANFORD FL 32771
- 3) Changed Principal Address to 401 E. Jackson St. Suite 2340 Tampa FL 33602
- 4) Removed the following managers:
  - (A) Marcus Anderson Investments LLC
  - (B) Fulltrot Trading LLC
- 5) Added New Authorized manager: Nwabuko C. Chidolue
- 6) New Authorized MGR Address: 1916 MEELOT DR SANFORD FL 32771
- 7) Business email for all Communication: ~~chidolue@gmail.com~~ chidolue@meelot.com

FILED  
JUL 29 PM 3:48  
TAMPA  
FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

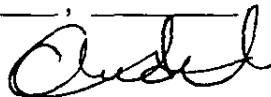
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 \_\_\_\_\_



Signature of a member or authorized representative of a member

NWABUKO C. CHIDOLUE

Typed or printed name of signer

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** STILLWATERS HOME 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:

NWABUFO C CHIDOLUE

\_\_\_\_\_  
Name of Person

STILLWATERS HOME LLC

\_\_\_\_\_  
Firm/Company

401 E. JACKSON STREET, SUITE 2340

\_\_\_\_\_  
Address

TAMPA, FL 33602

\_\_\_\_\_  
City/State and Zip Code

CHIDOLUEE@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NWABUFO C CHIDOLUE

281 6837071  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

STILLWATERS HOME 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 05/02/2016 and assigned Florida document number L16000085836.

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:

(Principal office address MUST BE A STREET ADDRESS)

401 E. JACKSON ST. SUITE 2340  
TAMPA FL. 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

401 E. JACKSON ST. SUITE 2340  
TAMPA FL. 33602

**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:

NWABUFO C. CHIDOLUE

New Registered Office Address:

401 E. JACKSON ST. SUITE 2340

Enter Florida street address

TAMPA

City

Florida

33602

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:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIE SAMS	200 SOUTH ARCTURAS AVE.	<input checked="" type="checkbox"/> Add
		CLEARWATER FL 33765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

16 JUL 29 PM 4:48  
CALL BRASSER, FLORIDA

**D. If amending any other information, enter change(s) here; (Attach additional sheets, if necessary.)**

16 JUL 29 PM 3:48  
ALLAHASSEE, FLORIDA

**E. 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 \_\_\_\_\_, \_\_\_\_\_

*Chubb*

NWABUFO C CHIDOLUE

Typed or printed name of signee