

L16000223 957

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(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS

O. SIMMONS
AUG 09 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oasis of Serenity Homecare, 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:

May Flor Harris
Name of Person

Oasis of Serenity Homecare, LLC
Firm/Company

368 Cypress Knee Lane
Address

Lake Mary, FL 32746
City/State and Zip Code

oshc2017@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

May Flor Harris at (407) 474-7427
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 of Serenity Homecare, 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 December 12, 2016 and assigned Florida document number L16000223957.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

Florida

City

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>
VP	Kalona Barnhart	16802 Sugar Berry Lane	☐ Add
		Montverde, FL 34756	☒ Remove
			☐ Change
VP/ AMBR	Andrea Monica Cham	15049 Waterford Chase Pkwy	☒ Add
		Orlando FL 32828	☐ Remove
			☐ Change
AMBR	Ella May Olivares	1004 Bristol Lakes Rd. Apt 105	☒ Add
		Mount Dora FL 32757	☐ Remove
			☐ Change
AMBR	Jose Olivares	1004 Bristol Lakes Rd. Apt. 105	☒ Add
		Mount Dora FL 32757	☐ Remove
			☐ Change
AMBR	Melchor Christopher Cachuela	15049 Waterford Chase Pkwy	☒ Add
		Orlando FL 32828	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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DIVISION OF CONSUMER AFFAIRS

E. Effective date, if other than the date of filing: 8-1-2017 (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.

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

Dated Aug. 1, 2017

Signature of a member or authorized representative of a member

May Fier Harris
Typed or printed name of signee