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TALL CARASSEL FUNDA

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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	DASIS FINANCIAL Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CAF	PL CYRIUS Name of Person	
	OASIS	FINANCIAL LLC Firm/Company	
	4846 N. V.	NUERSITY Drive, S	ute 247
	Lauderhill Clyr E-mail address: (Heridu, 33351 City/State and Zip Code ivs@ the oasisfirm. to be used for future annual report notifi	Com fication)
For further information of	concerning this matter, please ca		
CARL (CYRIUS of Person	at (786) 942 03 Area Code Daytim	228 e Telephone Number
Enclosed is a check for t	he 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:

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TO:

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

DASIS FINANCIAL 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 kpair 18, 2017 and assigned
Florida document number L1700086078
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
THE OASIS FIRM 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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
The state of the s
B. If amending the registered agent and/or registered office address on our records, enter the name of the nev
registered agent and/or the new registered office address here:
A CONTRACTOR OF THE CONTRACTOR
Name of New Registered Agent: Story Same
New Registered Office Address: Enter Florida street address
51 4
City , Florida ZiFCode
City Sign 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 **Title** Address **Type of Action** Name □ Add ω _☑ Remove ☐ Change _□ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add

□ Remove

_□ Change

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ffective date, if other than the date of file an effective date is listed, the date must be specific fote: If the date inscrted in this block does not occument's effective date on the Department of	and cannot be price of meet the appli	or to date of filing or mo cable statutory filing		īling.) Pursua	
e record specifies a delayed effective The 90th day after the record is file		ot an effective ti	me, at 12:01 a.	m. on the	earlier o
ated July 28th Signature of	1 a member or aut	horized representative	of a member		

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Filing Fee: \$25.00