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| Special Instructions to | Filing Officer: | - |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| The Oasis | | | |
| SUBJECT: | | 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: | |
| | Carl Cyrius | | |
| | | Name of Person | |
| | The Oasis Firm, LLC | | |
| | | Firm/Company | |
| | 4846 N University Drive, | Suite 247 | |
| | | Address | |
| | Lauderhill, FL 33351 | | |
| | | City/State and Zip Code | |
| | ccyrius@theoasisfirm.com | to be used for future annual repor | a solification) |
| For further information of | concerning this matter, please ca | · | t notification) |
| Carl Cyrius | | 786 942032 | S |
| Name o | of Person | | aytımc 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 |

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

| The Oasis Firm, LLC | | |
|--|---|-----------------------------|
| | nited Liability Company) | |
| The Articles of Organization for this Limited Liability Com | pany were filed on 04/18/2017 | and assigned |
| Florida document number L17000086078 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | ilability company here: | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | <u>s</u> , | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | 夏卫 |
| (Mailing address MAY BE A POST OFFICE BOX) | | 28 |
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| b. If amending the registered agent and/or registere registered agent and/or the new registered office address | | enter ihe fante och ne |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flori | |
| | 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

| Title | <u>Name</u> | Address | Type of Action |
|-------|--------------|--|------------------|
| мок | Cari Cyrius | 4846 NUniversity Drive, Swite 247, Lumbertul | R 33351 ■ Add |
| | | | Remove |
| | | | Change |
| АМВК | Renee Cyrius | 3270NW16th of lamberhall, FL 33319 | = Add |
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| fective date, if other than the da n effective date is listed, the date must b | ite of filing: e specific and canno | t be prior to date | of filing or more tha | (option: n 90 days after fili | al) ng.) Pursuant to | 605.020 |
| ote: If the date inserted in this block cument's effective date on the Department. | t does not meet thurther the contract of State's | ie applicable st records. | atutory filing requ | irements, this do | ate will not be l | listed a |
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Filing Fee: \$25.00