# L17000100651

(Requestor's Name)
(Address)
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,
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
	OASIS GL	OBAL NETWORKS, LLC		
SUBJ	ЕСТ:			<u> </u>
		Name of Limi	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Lorne A. Wray		
			Name of Person	
		Oasis Global Networks, Ll	.C	
			Firm/Company	<u></u>
		370 W. Camino Gardens B	Ivd, Suite 330	
			Address	
		Boca Raton, FL 33432		
		lorne.wray@gmail.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report not	ification)
For fu	rther information c	oncerning this matter, please ca	all:	
Lome	e A. Wray		561 405-1309	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclo	sed is a check for th	ne 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

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OASIS GLOBAL NETWORKS, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records,) pany)
The Articles of Organization for this Limited Liability Company were filed Florida document number	on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
he new name must be distinguishable and contain the words "Limited Liability Company	"the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2021
Principal office address MUST BE A STREET ADDRESS)	
	= -9
	P III
nter new mailing address, if applicable:	, S
Mailing address MAY BE A POST OFFICE BOX)	2.1
3. If amending the registered agent and/or registered office address on gent and/or the new registered office address here:  Name of New Registered Agent:	our records, <u>enter the name of the new regist</u>
New Registered Office Address:  En	ter 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 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> AMBR	Name Wray, Lorne A.	Address	Type of Action
			□Add
			□Remove
		(14)9 W Palmetto Park Road, State 970102, Boxa Raton, FL 33497	Change
			□Add
			□Remove
			□Change
			□Add
		·	□Remove
			□Change
			□Add
		·····	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			Changa

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e	tive date, if other than the date of filing:
docu	nent's effective date on the Department of State's records.
the reco	rd 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 filed.
	Wednesday, January 13th 2021
Date	1—————————————————————————————————————