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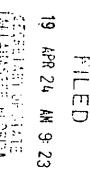
(Re	questor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			
ento ti	lain Robins			
SUBJI	ECT:		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:	
		lain Robinson		
			Name of Person	
		Oasis Protrade Corporation	1	
		A	Firm ² Company	
		1794 dmiral Court		
			Address	
		Kissimmee, FL, 34744		
		iain.opcorp/g/gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please co	all:	
lain R	obinson		407 334 3804	
	Name o	f Person	at ()	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ S2	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

fain Robinson, 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 $\frac{10/17/2017}{10/17}$ Florida document number 1.17000214404 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 word. "Limited Liability Company," the designation "LLC" or the abbreviation." 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 City

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	lain Robinson	1794 Admiral Court, Kissimmee, FL, 34744	
			■ Remove
			☐ Change
MGR	Qusis Protrade Corporation	1794 Admiral Court, Kissimmee, FL, 34744	■ Add
			Remove
			- Bau -
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ective date, if other than	tha data af 6	4/1/20)19			tantia			
effective date is listed, the date	must be specific	and cannot b	e prior to da	ate of filing o	or more than 9	(optio 0 days after t	ilag.)	Pursuai	nt to 605.0
e: If the date inserted in thi ument's effective date on the				statutory 1	iling require	ments, this	date v	vill not	be listed
record specifies a dela he 90th day after the i	yed effectiv record is file	ve date, bi ed.	ut not ar	n effectiv	e time, at	12:01 a	.m. (on the	earlier
ed April 1st		2019	·						
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Typed or printed name of signee