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## **COVER LETTER**

SUDIECT.	OASIS POV	VER/PRESSURE WASHING	LLC			
SUBJECT:		Name of Lim	nited Liability Company			
OASIS POWER/PRESSURE WASHING LLC  SUBJECT:  Dame of Limited Liability Company  Ame of Limited Liability Company  Division of Corporations  OASIS POWER/PRESSURE WASHING L.C  STEVEN COOPER  Name of Person  OASIS POWER/PRESSURE WASHING  Firm/Company  2286 CONTINENTAL AVE  Address  TALLAHASSEE, FL 32304  City/State and Zip Code  oasisppw@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  STEVEN COOPER  Name of Person  Area Code  Daytime Telephone Number  Division of Corporations  P. O. Box 6327  Tallahassee, FL 32314  Namo of Corporations  P. O. Box 6327  Tallahassee, FL 32314  Area Code  Street Address:  Registration Section  Division of Corporations  P. O. Box 6327  Tallahassee, FL 32314  Zibin Mailing Address:  Registration Section  Division of Corporations  P. O. Box 6327  Tallahassee, FL 32314						
Please return	Division of Corporations  OASIS POWER/PRESSURE WASHING LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  see return all correspondence concerning this matter to the following:  STEVEN COOPER  Name of Person  OASIS POWER/PRESSURE WASHING  Firm/Company  2286 CONTINENTAL AVE  Address  TALLAHASSEF, FL 32304  City/State and Zip Code oasisppw@gmail.com  E-pail address: (to be used for future annual report notification)  further information concerning this matter, please call:  EVEN COOPER  Name of Person  Name of Person  Name of Person  Name of Person  Status  City/State and Zip Code oasisppw@gmail.com  E-pail address: (to be used for future annual report notification)  For all address: (to be used for future annual report notification)  City/State and Zip Code oasisppw@gmail.com  E-pail address: (to be used for future annual report notification)  City/State and Zip Code oasisppw@gmail.com  E-pail address: (to be used for future annual report notification)  City/State and Zip Code oasisppw@gmail.com  E-pail address: (to be used for future annual report notification)  City/State and Zip Code oasisppw@gmail.com  E-pail address:  (City/State and Zip Code oasisppw@gmail.co					
		STEVEN COOPER				
			Name of Person			
		OASIS POWĘR/PRESSU	RE WASHING			
			Firm/Company			
	2286 CONTINENTAL AVE					
			Address			
		TALLAHASSEE, FL 3230	04			
			City/State and Zip Code			
			to be used for future annual report not	(ication)		
For further in	formation co	Ī	•	······· <b>,</b>		
STEVEN CO	OOPER					
	Name of	Person		e Telephone Number		
Enclosed is a	check for the	e following amount:				
□ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy		
Reg Div P.O	istration S ision of Co . Box 6327	ection orporations 7	Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations Callahassee e Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JIVISION OF CORPORATE .

LSC UNLIMITED 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 Compa	any were filed on 10/29/2018	and assigned
Florida document number L18000251114		<u> </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
OASIS POWER/PRESSURE WASHING LLC		
The new name must be distinguishable and contain the words "Limited Li	iability 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)	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable:	2286 CONTINENTAL AVE	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	TALLAHASSEE, FL 32304	
!		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records, <u>enter th</u>	name of the new registered
New Registered Office Address:	Enter Florida street address	
	isher I toriau sireel address	
	, Flori	da Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compleacept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	agree to act in this capacity. I furth ete performance of my duties, and as provided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is
If C	Changing Registered Agent, Signature of N	ew 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>	Address	Type of Action
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			□Remove
			Change
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un effecti <u>ote:</u> If t	date, if other than the date of filing:  ve 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records.
record sp	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	12/20/19
nted	<del></del>
ated	Alan
ated	Signature of a member or authorized representative of a member
ated	Allon

Filing Fee: \$25.00