# 1190000 22619

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



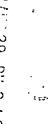


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## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	Blue Oasis	Strategists, LLC		
SOBJECT.		Name of Lim	nited Liability Company	<del></del>
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Mario Murray		
			Name of Person	
		Blue Oasis Strategists, LLO		
			Firm/Company	
		1158 Rivage Circle		
			Address	<del></del>
		Brandon, F1, 33511		
		elviaearley@gmail.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notifi	ication)
For further in	formation ec	oncerning this matter, please ca	all:	
Mario Murra	y		813 526-8815	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 Fi	ling 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:

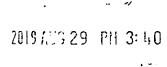
TO:

**Registration Section** 

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



Dlan Ondia Ctentaniata 116			+ L
Blue Oasis Strategists, LLC (Name of the Limi	ted Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) company)	
ne Articles of Organization for this Limited Lorida document number 1.19000022619		ed on 01/22/2019	and assigned
is amendment is submitted to amend the fol			
If amending name, enter the new name of	f the limited liability cor	npany here:	
/A			
new name must be distinguishable and contain the	vords "Limited Liability Comp	any," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if application of the second office address MUST BE A STREE of the second of t	•		
<u> Iailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>		
. If amending the registered agent and egistered agent and/or the new registered o		dress on our records, g	enter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street address	
		ESTACE A TOP HALL SHEET CHARLESS	
		, Flori	da Zin Code
	City		Zıp 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, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AR	Mario Murray	1158 RIVAGE CIRCLE BRANDON, FL 33511	
		<del></del>	■ Remove
			Change
AR	Angie Murray	1158 RIVAGE CIRCLE BRANDON, FL 33511	
			■ Remove
			Cl Change
			Add
			Remove
			Change
			Add
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		· · · · · · · · · · · · · · · · · · ·	Change
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ffectiv	08/19/2019 re date, if other than the date of filing:
an effection	ctive 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 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	··
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00