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COVER LETTER

TO: **Contraction Section** Division of Corporations

PEARL'S OASIS HOMES LLC

SUBJECT: _____

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARJORIE WILLIAMS

Name of Person

Firm/Company

8452 LONG ACRE DRIVE

Address

MIRAMAR FLORIDA 33025

City/State and Zip Code

PEARLSOASISHOMES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

954

For further information concerning this matter, please call:

MARJORIE WILLIAMS

Name of Person-

_ at (_____) _____ Area Code — Daytime Telephone Number

701-5805

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 25, 2019

MARJORIE WILLIAMS 8452 LONG ACRE DR MIRAMAR, FL 33025

SUBJECT: PEARL'S OASIS HOMES LLC Ref. Number: L19000081700

We have received your document for PEARL'S OASIS HOMES LLC and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This is a Florida LLC the document you sent in is for a Foreign LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

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Letter Number: 819A00024021

RFCEIVED DEC 1 2 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEARL'S OASIS HOMES LLC		
(<u>Name of the Limited Liability</u> (A Florida)	y <u>Company as it now appears on our r</u> Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L19000081700</u>	ompany were filed on03 · 	25-2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, e	02 02
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street o	uldress
		Florida
	Cin	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agren 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	SHANIECE WADIAH GAUDIN	8452 LONG ACRE DRIVE	🗆 Add
		MIRAMAR FLORIDA 33025	Remove
			□Change
MGR	MCKINLEY WILLIAMS III	8452 LONG ACRE DRIVE	🗆 Add
		MIRAMAR FLORIDA 33025	Remove
			Change
			🗋 Add
			□Change
			🗆 Add
			Remove
			□ Change
			□Add
			🗆 Remove
		<u> </u>	Change
			🗆 Add
			□ Remove
			Change

. . . .

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ive date, if other the					

If the record 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 record is filed.

Dated 12-10-19	
	Signature of a member or authorized representative of a member

MARJORIE WILLIAMS