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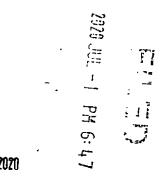
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AUG 13 2020

S. YOUNG

COVER LETTER

TO:

CUBICO			•			
SUBJEC	ı: <u> </u>		nited Liability Company			
The enclo	osed Articles o	of Amendment and fee(s) are sub	omitted for filing.			
Please ret	um all corresp	condence concerning this matter	to the following:			
		REN B BRADY				
	Division of Corporations UBJECT: OASIS POOL SHADES LLC Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: REN B BRADY Name of Person OASIS POOL SHADES LLC Firm/Company 13337 MALLARD COVE BOULEVARD Address ORLANDO FL 32837 City/State and Zip Code SOLARSHADESOLUTIONS@HOTMAIL COM E-mini address: (to be used for future annual report notification) or further information concerning this matter, please call: BBRADY Name of Person Name of Person Area Code Daytine Telephone Number neclosed is a check for the following amount: \$\frac{321}{2} \frac{948}{2} \frac{850}{2} \frac{360,00}{2} \frac{1110}{2} \frac{110}{2} \frac{110}{2}					
		OASIS POOL SHADES I	Name of Person ADES LLC Firm/Company D COVE BOULEVARD Address 2837 City/State and Zip Code DLUTIONS@HOTMAIL.COM address (to be used for future annual report notification) please call: at (321			
	OASIS POOL SHADES LLC Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. arm all correspondence concerning this matter to the following: REN B BRADY Name of Person OASIS POOL SHADES LLC Firm/Company 13337 MALLARD COVE BOULEVARD Address ORLANDO FL 32837 City/Nate and Zip Code SOLARSHADESOLUTIONS@HOTMAIL.COM E-muil address: (to be used for future annual report notification) r information concerning this matter, please call: DY Name of Person 1 321 Name of Person Area Code Daytine Telephone Number s a clock for the following amount: OF filing Fee Certificate of Status Certified Copy (additional copy is anclosed) Latting Address: egistration Section Division of Corporations O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee					
		SIS POOL SHADES LLC Name of Limited Limbility Company icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: REN B BRADY Name of Person OASIS POOL SHADES LLC Firm/Company 13337 MALLARD COVE BOULEVARD Address ORLANDO FL 32837 City/State and Zip Code SOLARSHADESOLUTIONS@HOTMAIL COM E-minl address: (to be used for future annual report notification) nation concerning this matter, please call: at (Area Code Daytime Telephone Number) ck for the following amount: (Fee S 30.00 Filing Fee & Certified Copy (additional copy is enclosed) Address: Sirvet Address: Registration Section not Corporations Division of Corporations The Centre of Tallahassee				
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	Division of Corporations OASIS POOL SHADES LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: REN B BRADY Name of Person OASIS POOL SHADES LLC Firm/Company 13337 MALLARD COVE BOULEVARD Address ORLANDO FL 32837 City/Rate and Zip Code SOLARSHADESOLUTIONS@HOTMAIL.COM E-mult address: (to be used for future annual report notification) further information concerning this matter, please call: BRADY Name of Person Area Code Division of Corporations Street Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations					
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			·	ication)		
For furthe	er information	concerning this matter, please c	all:			
RB BRA	DY					
	Name	of Person		e Telephone Number		
Enclosed	is a check for	the following amount:				
■ \$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
F I F	Registration Division of O P.O. Box 63	Section Corporations 27	Registration Sec Division of Corp The Centre of Ta	porations allahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OASIS POOL SHADES LLC

(Name of the Limited (A	Liability Compa Florida Limited	iny as it now appears (Liability Company)	on our records.)	70	
The Articles of Organization for this Limited Liab Florida document number L19000115763	and assigned				
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of the	e limited liab	ility company here	2 :		
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable	13337 MALLARD COVE BOULEVARD				
(Principal office address MUST BE A STREET	ADDRESS)	ORLANDO FL 3	2837		
Enter new mailing address, if applicable:		13337 MALLARI	O COVE BOULEVA	RD	
(Mailing address MAY BE A POST OFFICE BO	<u>x)</u>	ORLANDO FL 32	2837		
B. If amending the registered agent and/or registered and/or the new registered office address have a Name of New Registered Agent:	iere:	address on our reco		ne of the new registered	
Maille of New Kegistered Agent.		TREET			
New Registered Office Address:	813 BRYAN S'		sireei address		
	KISSIMMEE			1741	
-		City	, Florida _ ³⁴	Zip Code	
New Registered Agent's Signature, if changing Reg	istered 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, 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>	<u>Address</u>	Type of Action	
MBR	RAMKHELAWAY, RAJENDRA	401 E 1 ST STREET 5056	□Add	
		SANFORD FL 32771	-	
			□Change	
			□ Add	
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			Change	
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Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	iust be speciti block does i	tiling: c and cannot t not meet the	applicable s	e of filing or mo tatutory filing	ore than 90 day	(optional) s after filing.) l is, this date w	Pursuant to 605.0 ill not be listed)207 (3 i as th
he record specifies a delayed effec ord is filed.	ive date, bu	t not an effe	ctive time, a	t 12:01 a.m. c	n the earlier	of: (b) The	90th d ay after t	the
Dated		2020) 					
~·~ ~		~						
A.B.	Signature	of a member	or authorized	rmrocontatico	of a momber			
J. J. J.	Signature	of prinember	or authorized	representative	of a member			