## 21460135671

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## **COVER LETTER**

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SUBJI.	t I: <u></u> .	Name of Limi	ted Liability Company	
				r filing.  lowing:  mc of Person  m/Company  Address  ate and Zip Code  for future annual report notification)  954 655-6735  1 (
The epi	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
'	r ni car espo	indence concerning this matter (	to the following:	
		Jonathan Sobelman		
			Name of Person	<del>.</del>
		Florida Oasis, LLC.		
			Firm/Company	<del></del>
		143 Silver Beach Road		
			Address	<del></del>
		Lake Park, FLorida 33403		
			City/State and Zip Code	
		jmsobelman@gmail.com	a harried for future annual const portition	rian)
E. a feet	ber information e	oncerning this matter, please ca	·	iiony
		oncerning this matter, prease ea		
lendio	in Sobelman		at ( )	
Name of Parson		f Parson	Area Code Daytime To	elephone Number
incose	ed is a check for th	ne following amount:		
m 225	s 00 Filing Fee	[2 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
	Mailing Addres Registration 5		Street Address: Registration Section	an

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Honda Oasis, LLC.



2020 FEC 26 Pit 1:05

(Name of the Limited	d Liability Company A Florida Limited Liab	as it now appears on our recolity Company)	ords.)
The Articles of Organization for this Limited Lia Florida document number 1.19000135671		ere filed on May 20, 2019	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabilit	y company here:	
The new name most be distinguishable and contain the wo	ords "Limited Liability	Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREET	T ADDRESS)		
	-		
•			
Fater new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE B	<u>BOX)</u>		
	-		
B. If amending the registered agent and/or re agent and/or the new registered office address	**	dress on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:	- <del></del>		
New Registered Office Address:			
. Ng y Mgg <u>imer (Mg2) Hise Pradaesy</u> .		Enter Florida street ada	lress
			Florida
		City	Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the propel accept the obligations of my position as regist neing tiled to merely reflect a change in the recompany has been notified in writing of this c	r and complete pe tered agent as pro egistered office ac	erformance of my duties, ovided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is

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>	Name	Address	Type of Action
			□Remove
			☐ Change
			□Add
			□Remove
		·	□ Change
			□Add
			□Remove
			Change
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	May May	y 20, 2019		6 15	
fective date, if other than the n effective date is listed, the date mu	: date of filing: st be specific and cannot	t be prior to date of f	iling or more than 90 c	_ (optional) lays after filing.) Pursus	ant to 605.020
<u>ite:</u> If the date inserted in this b	lock does not meet th	e applicable statut	ory filing requirem	ents, this date will no	ot be listed as
cument's effective date on the f	epartment of State's	records.			
	re date, but not an eff	ective time, at 12:	01 a.m. on the earli	er of: (b) The 90th	day after the
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. Filing Fee: \$25.00