## LIA OCC 193770

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## **COVER LETTER**

King's Oasis Logistics and Services 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: Eric Smith Name of Person A King's Oasis Logistics and Services LLC Firm/Company 10810 Boyette Road #3028 Address Riverview, Florida, 33568 City/State and Zip Code akingsoasisllc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 848-4755 Eric Smith 813 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

A King's Oasis Logistics and Services LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	apany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number L19000193770	ny were filed on <u>7/29/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" o	r the abbreviation "1L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2019 SEP -5 SELL ANNS
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter-the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del> </del>
	. Flori	da
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:	

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 adde</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Eric Smith	10810 Boyette Road #3028 Riverview, FL, 33568	<b>⊟</b> Add
			Remove
			Change
	-		
			Remove
			Change
			Add
			□ Remove
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		<del></del>	□ Change
			□ Add
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			Change

(It an e	tive date, if other than the date of filing: 9/4/2019 (optional)  flective 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 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	1 09/04/19 Sept 4th. 2019.
Date	1 09/04/19 Sept 4th. 2019.
Date	Od S
Date	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00