## L19000 237665

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(Address)
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(City/State/Zip/Phone #)
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2020 NTT -8 PH 2: 27

C. GOLDEN MAY 2 8 2020

## **COVER LETTER**

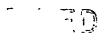
Division of Corpo		•	
	TAURANT & GRILL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of Art	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Lydia Guerrero		
		Name of Person	
		Firm/Company	<del></del>
	1110 Mohican Trail		
		Address	
	Mulberry, Florida 3386	60	
	oasiselrestaurante@gr	City/State and Zip Code	
		to be used for future annual report notifi	ication)
For further information cond	cerning this matter, please ca	all:	
Lydia Guerrero		863 808-7871	
Name of Pe	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the t	following amount:		
\$25.00 Filing 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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OASIS DESTAUDANT & COULLIE



2020 H \*\*\* - 8 PH 2: 27

(Name of the Limited Liabil (A Florid	ity Company as it now appe a Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Clorida document numberL19000237665	Company were filed on _	09/19/19	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	nited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		==	· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADD	RESS)		· -
			<u> </u>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registere igent and/or the new registered office address here:	ed office address on our	records, enter the	name of the new regi
Name of New Registered Agent:	·		··
New Registered Office Address:			
	Enter Fl	orida street address	
	City	, Floric	laZip 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, 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
P	Carlos Guerrero	1110 Mohican Trail	□Add
		Mulberry, Florida 33860	=Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
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		05/02/2020
fective (	date, if other than the date of filin	ig: (optional)
		d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 meet the applicable statutory filing requirements, this date will not be listed as
cument'	's effective date on the Department of S	State's records.
ecord sp is filed.		at an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
i., med.		
ıted	May 2	2020
		member or authorited representative of a member
	Signature of a	member or authoriffd representative of a member
	Lydia Guerrero	
		Typed or printed name of signee

•

Filing Fee: \$25.00