# 119000266680

(Re	equestor's Name)	
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### **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
NocLife 1	Recruiting, LLC		
SUBJECT:		<del> </del>	
	Name of Lin	nited Liability Company	
The enclosed Articles of	[Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Sally Schliessman		
		Name of Person	<del>-</del>
	NocLife Recruiting, LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	162 Parkbluff Circle		
		Address	1.0
	Ponte Vedra, FL, 32081		
	safly.schtiessman@gmail.c	City/State and Zip Code com	
	E-mail address: (	to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
Sally Schliessman		727 793-7608	
Name of Person		at () Area Code Davii	me Telephone Number
. vanie v	or i cison	y ded come Day d	inc receptions (winter
Enclosed is a check for t	the following amount:		-
<b>■ \$</b> 25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addre	«.	Street Address:	
Registration		Registration S	ection
Division of C	•	Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NocLife Recruiting, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 24, 2019 and assigned Florida document number \_\_\_\_\_L19000266680 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Oasis Outdoor Design, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

City

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 added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kenneth John Schliessman Jr.	162 Parkbluff Circle	
		Ponte Vedra, FL 32081	■Add
			□Remove
			Change
		·	□ Remove
			□ Change
			Remove
			Change
			□Add
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Tective date, if other than th	e date of filing:		(optional) 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in this becument's effective date on the I	plock does not meet the applica	ble statutory filing requir	ements, this date will not be listed a
record specifies a delaye	ed effective date, but not	an effective time, a	t 12:01 a.m. on the earlier o
The 90th day after the re			
	2020		
June 12	2020		
June 12			
	) n vi		
	Signature of a member or author	: rized representative of a mer	nber