

L20000025564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

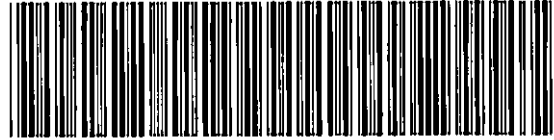
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

O SIMMONS

MAR 02 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

OASIS DISTRIBUTORS, 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:

LUIS ORTIZ

Name of Person

OASIS DISTRIBUTORS LLC

Firm/Company

9300 CONROY WINDERMERE RD, SUITE 1166

Address

WINDERMERE, FL 34786

City/State and Zip Code

LUIS5205@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS ORTIZ

813

786-1629

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

Street Address:

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 DISTRIBUTORS, 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 01/21/2020 and assigned
Florida document number L200000025564.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

OASIS DISTRIBUTORS

6979 KINGSPONTE PKY, UNIT 7

ORLANDO FL 32839

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9300 CONROY WINDERMERE RD,

SUITE 1166

WINDERMERE, FL 34786

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:

LUIS ORTIZ

New Registered Office Address:

9300 CONROY WINDERMERE RD, SUITE 1166

Enter Florida street address

WINDERMERE

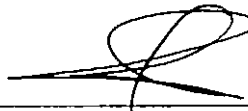
City

Florida 34786

Zip 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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|---------------------------|--|
| AMBR | SANTIAGO RUBIANO | 12759 BOSWORTH AV | <input type="checkbox"/> Add |
| | | WINDERMERE, FL 34786 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | LUIS ORTIZ | 9300 CONROY WINDERMERE RD | <input checked="" type="checkbox"/> Add |
| | | SUITE 1166 | <input type="checkbox"/> Remove |
| | | WINDERMERE, FL 34786 | <input type="checkbox"/> Change |
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2020 FEB -5 PM 6:13
FILED
CLERK OF DISTRICT COURT
JANUARY 13, 2020
CLERK OF DISTRICT COURT

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SECURITY STATE
CALIFORNIA

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STOCK MARKET STATE
VALLEY STATE

U

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 31 2020

Makojas
e of a member or authorized representa

Signature of a member or authorized representative of a member

MILBIA M. ROJAS

Typed or printed name of signee

Filing Fee: \$25.00