1200000 25564

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300341592173

03/05/20--01005--065 **25.65

CARTHERT OF STATE OF

020 MAR - 6 AM 7: 07

MAR 2 5 2020 S. YOUNG

COVER LETTER

TO:

Registration Section
Division of Corporations

CHD IFCT.	OASIS D	ISTRIBUTORS LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		at () Area Code Daytime Telephone Number Daytime Telephone Number Daytime Telephone Number Solution See & Solution See & Solution Section Solution See & Solution See See See See See See See See See Se	
		Name of Person	
		DASIS DISTRIBUTORS LLC	
		Firm/Company	
	9300 (CONROY WINDERMERE RD. #	1166
		Address	
	W	INDERMERE, FLORIDA 34786	
		City/State and Zip Code	
	OASISDIS	STRIBUTORSLLC@GMAIL.CO	M
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
LUIS ORTIZ			
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S Division of C	Section orporations	Registration S Division of Co	orporations
P.O. Box 632 Tallahassee, I			Tallahassee oe Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OASIS DIST	TRIBUTORS LLC	~·3
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa	any were filed on01/21/2020	್ಷವರ್- and assigned
Florida document number L20000025564		CONTROL IN
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	ingerial (1997) Sight →
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, g	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, entagent and/or the new registered office address here: Name of New Registered Agent:	address	
		_, Florida
	City	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 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>	Type of Action
MGER	ROJAS, MILBIA M	12759 BOSWORTH AVE.	
		WINDERMERE, FL 34786	■Remove
			Change
			□Add
			□Remove
		·	
		.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
	-		□Add
			Change
			\ _Add
			□Remove
			Change
			
			□Change

		 	·	_
	. <u> </u>			_
				_
				_
				_
				_
				_
				_
				_
				_
				-
		·		_
				_
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				-
 				_
		. Alex		_
fective date, if other than the come effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the Department.	be specific and cannot be price ck does not meet the appli	cable statutory filing requ		
record specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day aft	er the
MARCH 03	2020			
	•			
		マーノ		

Typed or printed name of signee