LZ0000025564

(Re	questor's Name)	
(Ad	dress)	
(Ao	aress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	(#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
(00	cament Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
		į
		}

Office Use Only



600360505286

02/22/21--01008--017 **35.00

H PH 2: 09





April 21, 2021

LUIS ORTIZ 1700 35TH STREET, UNIT 108 ORLANDO, FL 32839

SUBJECT: OASIS DISTRIBUTORS, LLC

Ref. Number: L20000025564

We have received your document for OASIS DISTRIBUTORS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 721A00008253

RECEIVED

COVER LETTER

Registration Section Division of Corporations

TO:

OASIS DI	STRIBUTORS LLC		
SUBJECT.	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sul		
Please return all correspondence	ondence concerning this matter	to the following:	
	LUIS ORTIZ		
		Name of Person	
	OASIS DISTRIBUTORS	LLC	
		Firm/Company	
	P.O BOX 1166		
	 -	Address	
	WINDERMERE FL 3478	6	
		City/State and Zip Code	
	LORTIZ@OASISDISTRIF		
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	concerning this matter, please c	all:	
LUIS ORTIZ		813 786-1629	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for t	he 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 S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe	orations

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OASIS DISTRIBUTORS LLC	
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) muted Liability Company)
The Articles of Organization for this Limited Liability Con	npany were filed on $\frac{01/21/2020}{}$ and assigned
lorida document number L20000025564	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:
he new name must be distinguishable and contain the words "Limited	d 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 ADDRES	55)
	•
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	75. 0
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Guet Frortal street datress
	Florida

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>	Address	Type of Action
			□Add
			□Remove
			
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

We need new Articles of Or	rganizations to reflect the new Managing Partners and Registered Agent.
Santiago Rubiano & Milbia	a Rojas are not members of this LLC anymore.
<u> </u>	
	
	
fective date, if other than the	re date of filing: (optional)
in effective date is listed, the date mu	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 block does not meet the applicable statutory filing requirements, this date will not be listed as
cument's effective date on the E	Department of State's records.
ecord specifies a delayed effectivistics, is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
05/07 .ted	2021
	the state of the s
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00