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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Androe Brooks                           |
| chisal to move                          |
| corrections, -OU                        |
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## **COVER LETTER**

Registration Section Division of Corporations

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| BJECT: OASA'S PRODUCTS LLC   |   |  |  |  |  |
|--|---|--|--|--|--|
| Name of Limited Liability Company  | · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |
|  |   |  |  |  |  |
| e enclosed Articles of Amendment and fee(s) are submitted for filing.  |   |  |  |  |  |
| rase return all correspondence concerning this matter to the following:  |   |  |  |  |  |
| Andraé Brooks Name of Person   |   |  |  |  |  |
|  |   |  |  |  |  |
| OASA'S PRODUCTS  |   |  |  |  |  |
| Firm/Company   |   |  |  |  |  |
| 7 Zebu Pl  |   |  |  |  |  |
| Address  |   |  |  |  |  |
| Palm Coast, FL 37-164 City/State and Zip Gode  |   |  |  |  |  |
|  |   |  |  |  |  |
| Oasasproducts@gmail.com  | notification)   |  |  |  |  |
| further information concerning this matter, please call:   |   |  |  |  |  |
| Andraé Brooks 11,386,866   | · 099a  |  |  |  |  |
| Name of Person Area Code Day   | at (386) 866 · 0980  Area Code Daytime Telephone Number                                 |  |  |  |  |
|  |   |  |  |  |  |
| closed is a check for the following amount:  |   |  |  |  |  |
| S25.00 Filing Fee & ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ Certificate of Status ☐ Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |  |  |
|  | Section<br>Corporations<br>f Tallahassee<br>troe Street, Suite 810                      |  |  |  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OASA'S PRODUCTS LLC

FILED

Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ag filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability spany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

| <u>itle</u> | <u>Name</u>    | Address              | Type of Action  |
|-------------|----------------|----------------------|-----------------|
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|             |                | Palm Coast, FL 32164 | <b>3</b> Remove |
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| fective da   | e, if other than the die is listed, the date must l | he specific and can | not be prior to d | late of filing or m | ore than 90 days at | ttionar)<br>fter filing.) Pursua | nt to 605.020    |
|              | ite inserted in this bloc<br>ective date on the Der |                     |                   | e statutory filin   | g requirements, t   | his date will no                 | t be listed a    |
|              |   |                     | <i>51000103</i> , |                     |                     |                                  |                  |
| rd specif    | es a delayed effective                              | date, but not an o  | effective time.   | . at 12:01 a.m. o   | on the earlier of:  | (b) The 90th (                   | day after the    |
| iled.        | ,   |                     | ,                 | ,                   |                     | (,                               |                  |
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|              | May 27  |                     | 7-07-0            |                     |                     |                                  |                  |
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|              | - FCs   | ignature of mem     | iber of authorize | ed representative   | of a member         |                                  | <del></del>      |
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