# 200015809

|                      | (Requestor's Name)       |
|----------------------|--------------------------|
|                      | (Address)                |
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| ···                  | (City/State/Zip/Phone #) |
| PICK-UI              | P WAIT MAIL              |
|                      | (Business Entity Name)   |
|                      | (Document Number)        |
| Certified Copies     | Certificates of Status   |
| Special Instructions | s to Filing Officer.     |
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# CT CORP

# 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

04/08/2022

| D   | ate:                        | 04/08/2022                                | - wil DW   |
|---|-----------------------------|---|------------|
|   |                             | Acc#I20160000072                          | 4: ( ) = V |
| Name:   | OASIS D                     | OMINCAL, LLC                              |            |
| Document #:   |                             |   |            |
| Order #:  | 14257310                    | ) . <u></u>                               |            |
| Certified Copy of Arts<br>& Amend:<br>Plain Copy:<br>Certificate of Good<br>Standing: |                             |   |            |
| Certified Copy of   |                             |   |            |
| Apostille/Notarial<br>Certification:  |                             | Country of Destination:  Number of Certs: |            |
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| Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#              | Amour                       | nt:\$ 55.00                               |            |

Thank you!

### **COVER LETTER**

TO:

Registration Section

| Division of Cor              | porations                                    |   |  |  |  |
|------------------------------|--|---|--|--|--|
|                              | MINCAL, LLC                                  |   |  |  |  |
| SUBJECT:                     | Name of Lim                                  | ited 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:   |  |  |  |
|                              | DAVID WEINSTEIN                              |   |  |  |  |
|                              | - DAVID WEINSTEIN                            |   |  |  |  |
|                              |  | Name of Person  |  |  |  |
|                              | OASIS DOMINICAL, LL                          | C   |  |  |  |
|                              |  | Firm/Company  |  |  |  |
|                              | 23277 WATER CIRCLE                           |   |  |  |  |
|                              |  | Address   |  |  |  |
|                              | BOCA RATON, FL 33486                         | 5   |  |  |  |
|                              |  | City/State and Zip Code   |  |  |  |
|                              | ——————————————————————————————————————       | to be used for future annual report not                             | ification)   |  |  |
| For further information of   | concerning this matter, please c             |   | incation)  |  |  |
|                              | oncerning this maner, preuse e               |   |  |  |  |
| BRUCE ROSETTO                |  | 561 955-7625<br>at ()   |  |  |  |
| Name o                       | of Person                                    | Area Code Daytin  | ne Telephone Number  |  |  |
| Enclosed is a check for t    | he following amount:                         |   |  |  |  |
|                              | -  | Frescoopies and e   | ☐ \$60.00 Filing Fee.  |  |  |
| □ \$25.00 Filing Fee         | ☐ \$30.00 Filing Fee & Certificate of Status | S \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
|                              |  |   |  |  |  |
| <u>Mailing Addre</u>         | <u>ss:</u>                                   | Street Address:   |  |  |  |
| Registration                 | Section                                      | <del>-</del>  | Registration Section   |  |  |
| Division of C                |  |   | Division of Corporations The Centre of Tallahassee                   |  |  |
| P.O. Box 632<br>Tallahassee, |  |   | oe Street, Suite 810   |  |  |

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| OASIS DOMINCAL, LLC   |   |                              |
|---|---|------------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited  | ny as it now appears on our records.)<br>Liability Company) | <del></del>                  |
| The Articles of Organization for this Limited Liability Company   | were filed on   | and assigned                 |
| Florida document number 1.20000158095   |   |                              |
| This amendment is submitted to amend the following:   |   |                              |
| A. If amending name, enter the new name of the limited liab   | ility company here:   |                              |
| OASIS DOMINICAL, LLC  |   |                              |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" o                      | r the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:   |   |                              |
| (Principal office address MUST BE A STREET ADDRESS)   |   | 022 A                        |
|   | <del></del>   |                              |
|   |   | E 8                          |
| Enter new mailing address, if applicable:   |   |                              |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                              |
|   |   | <b>o</b>                     |
|   |   | <u> </u>                     |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter th</u>                     | e name of the new registered |
| Name of New Registered Agent:   |   |                              |
|   |   |                              |
| New Registered Office Address:  | Enter Florida street address                                |                              |
|   | , Flori   | ida                          |
| <del></del>   | 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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
|              |      |         | □Add           |
|              |      |         | □Remove        |
|              |      |         |                |
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|  |                                      |                         |   | <del></del>  |
|  |                                      |                         |   |  |
|  | -                                    | <del>-</del>            | <del>.</del>  |  |
| Effective date, if other than the office of the date is listed, the date municipal of the date inserted in this bedocument's effective date on the light | slock does not meet the app          | olicable statutory film | (option<br>nore than 90 days after f<br>og requirements, this | nal)<br>iling.) Pursuant to 605.0207<br>date will not be listed as |
| e record specifies a delayed effecti<br>rd is tiled.   | ve date, but not an effectiv         | re time, at 12:01 a.m.  | on the earlier of: (b)  | The 90th day after the   |
| Dated APRIL 7  | . 2022                               |                         |   |  |
|  |                                      |                         |   |  |
| /s/ David Wei  |                                      |                         |   |  |
|  | nstein<br>Signature of a member or a | uthorized representativ | e of a member   |  |

Filing Fee: \$25.00