L21 CCCC 35512.

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(Address)
,
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETATIAN STATE OF THE

March 31, 2021

STEVEN COLES 2777 NW 42ND AVE COCONUT CREEK, FL 33066

SUBJECT: KNIGHT OASIS LLC Ref. Number: L21000035812

We have received your document for KNIGHT OASIS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 121A00006662

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

SUBJECT:	Knight Oasi	s LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Steven Coles		
			Name of Person	
		Knight Oasis LLC		
			Firm/Company	
		2777 NORTHWEST 42NI) AVE	
			Address	
		COCONUT CREEK, FL.	33066	
			City/State and Zip Code	
		KnightOasisLLC@gmail.co		<u> </u>
		E-mail address: (to be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
Steven Cole	s		954 774-4829	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 I	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

Registration Section
Division of Corporations

TO:

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



Knight Oasis LLC

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(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
		4.
The Articles of Organization for this Limited L	iability Company were filed on <u>Ja</u>	nuary 19, 2021 and assigned
Florida document number <u>L21000035812</u>	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	<u></u>
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
		•
B. If amending the registered agent and/or	C.	records, enter the name of the new regist
agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	Nyrva Germain	
New Registered Office Address:	2777 NORTHWEST 42ND AVE	
registered office (tagless.		rida street address
	COCONUT CREEK	, Florida 33066
	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.

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nyrva Germain	2777 NORTHWEST 42ND AVE	≣Add
		COCONUT CREEK, FL 33066	Remove
			Change
			□Add
		 ·	Remove
			☐ Change
			□Add
			Remove
			□Change
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			Remove
			□Change
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			□Change

	2021 APR 14 AH 11: 29
	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 605.0207 cable statutory filing requirements, this date will not be listed as
ecord specifies a delayed effective date, but not an effective t is filed.	ime, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Signature of a thember or auth	orized representative of a member
Head Lea	

Filing Fee: \$25.00