h21000118156

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bt	siness Entity Nan	ne)
`	,	•
(Dx	ocument Number)	
(,	
Certified Copies	Certificates	of Status
Certified Copies	Certificates	o o status
		
Special Instructions to	Filing Officer:	

Office Use Only



900365434049

RECEIVED

MAY 0 3 2021

05/04/21--01038--030 **25.00



COVER LETTER

Division of Corporations				
	JLCH OASIS I, LLC			
SUBJECT: Name of Limited 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:		
	LINDA ROTH, ESQ.			
		Name of Person		
	LINDA ROTH, P.A.			
		Firm/Company		
	2333 BRICKELL AVENU	JE SUITE A-1		
		Address		
	MIAMI, FL 33139			
		City/State and Zip Code		
	LR@LINDAROTHLAW.C	OM to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c			
LINDA ROTH		305 774-7070		
Name o	of Person	at () Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	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)	
<u>Mailing Addres</u> Registration	Section	Street Address: Registration So		
Division of C	orporations	Division of Co	rporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

GIMPY GULCH OASIS I, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 3/22/2021	and assigned
lorida document number L21000118156		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lix	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	hility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	2333 BRICKELL AVENUE SUITE A	- l
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33139	
	·	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the nai	ne of the new regist
gent and/or the new registered office address nere:		5
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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>	Address	Type of Action
MGR	1031 EXCHANGE SERVICES, LL	341 MICKLERS RD	□Add
		ST AUGUSTINE, FL 32080	■Remove
			□Change
MGR MIGUEL A. MOURIZ	MIGUEL A. MOURIZ	411 COSTANERA RD	≘ Add
		CORAL GABLES, FL 33143	□Remove
			□Change
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
		🗆 Add	
			□Remove
			□Change
	- <u></u>	□Add	
		□Remove	
		□Change	
		□Add	
			□Remove
			C) C'hongo

_	
_	
-	
-	
_	
_	
_	
-	
-	
_	
_	
-	
-	
-	
Effecti	date, if other than the date of filing: 4/28/2021 (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
Note:	he date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Fursuant to 003,020 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 's effective date on the Department of State's records.
aocum	s effective date on the Department of State 8 fections.
e recor rd is fil	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Jaran	PRIL 28 2021
Dated	$\leq 100 \cdot 100$
	DINGAVIVA VIV.

Typed or printed name of signee