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TO:

Registration Section

Divi	sion of Corp	oorations			
	GIMPY GU	LCH OASIS II, LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed	Articles of /	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		LINDA ROTH, ESQ.			
			Name of Person		
		LINDA ROTH, P.A.			
			Firm/Company		
		2333 BRICKELL AVENU	DE SUITE A-I		
			Address		
		MIAMI, FL 33139			
		LR@LINDAROTHLAW.C	City/State and Zip Code		
		_	to be used for future annual report noti	fication)	
For further in	iformation co	oncerning this matter, please co	all:		
LINDA ROTH		305 774-7070			
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Reg Div P.C	iling Address gistration S vision of C D. Box 632 lahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIMPY GULCH OASIS I, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{3/22/2021}{1}$ and assigned Florida document number _____L21000118161 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2333 BRICKELL AVENUE SUITE A-L Enter new mailing address, if applicable: MIAMI, FL 33139 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, LI	341 MICKLERS RD	
		ST AUGUSTINE, FL 32080	■Remove
			□ Change
MGR	JANET MOURIZ	411 COSTANERA RD	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CORAL GABLES, FL 33143	□Remove
			□ Change
			DAdd
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Effective date, if other than the	date of filing:	4/28/2021			(optional)	l	
Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bloocument's effective date on the Do	ock does not mee	t the applicat	date of filing only file statutory fi	or more than 90 iling requiren	days after filing nents, this date	.) Pursuant to 605. will not be liste	.0207 ed as
e record specifies a delayed effectiv	e date, but not an	effective tim	ne, at 12:01 a.i	m, on the ear	ier of: (b) - TI	ne 90th day after	the
rd is filed.							
rd is filed. APRIL 28 Dated	,	2021					
Dated APRIL 28	Signature of a mer	h. Vui	llz.	 			

Filing Fee: \$25.00