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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number : I20160000060

Phone

: (407)674-8969

Fax Number

: (407)674-8970

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				
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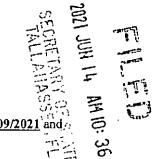
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Help

JUN 1 5 2021

S. PRATHER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF OASIS EMPORIUM LLC



The Articles of Organization for this Florida Limited Liability Company were filed on <u>04/09/2021</u> and assigned Florida document number: L21000164727

Article I

	The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."				
	Article II				
	Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				

Article IV

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:

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 Changing Registered Agent, Signature of New Registered Agent

			;
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	amending Authorized Person(s) authorized to manage, enter the title, name, and ac isson being added or removed from our records:	idress of each	
的企业发展			
· ·	GR Manager AMBR Authorized Member		• • •
	Name Address	Type of Action	í
	SENE TRINDADE MICHETTI, KARINE 6085W 5TH AVE	REMOVE .	
	FORT LAUDERDALE, FL 33315	ADD.	• • •
		,	
1	Majornding any other information, enter change(s) here: (Attach cikillional sh	eets; if necessary;);	
	Lefteglive date; if other than the date of filing: (optional)	en e	
	Effective date; if other than the date of filing: (optional) The effective date must be specific cannot be prior to date of receipt or filed	dile mid cumiot be	
	institution 90 days after the date this document is filed by the Florida Departm	em or simor	
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	Graniumben or authorized representative of a member		. ·
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