## 121000224618

(Red	questor's Name)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
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Special Instructions to I	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

10: Registration Se Division of Cor	ection porations		
KC Oasis I SUBJECT:	LC		
School .	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	•	
	Joseph Gopin		
		Name of Person	<del></del>
	KC Oasis LLC		
		Firm/Company	
	5650 Stirling Rd		
		Address	
	Hollywood, FL 33021		
	<del></del>	City/State and Zip Code	
	joe@koshercentral.com		
		to be used for future annual report no	otification)
For further information c	oncerning this matter, please ca	all:	
Joseph Gopin		954 963.1313 at ( )	
Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for th	ne 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)
Mailing Addres		Street Address:	
Registration S Division of C		Registration S	
P.O. Box 632		Division of Co The Centre of	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

221 JUL 21 DU -

	and assigned the abbreviation "L.L.C."
here: e designation "ELC" or	the abbreviation "L.L.C."
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records, enter the	name of the new register
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,	Zip Code
of my duties, and 1 Chapter 605, F.S	er agree to comply with the am familiar with and am for if this document is the limited liability
ri n	Florida street address . Floric is capacity. I furthe of my duties, and I

If 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	2821 JUN 24 PH 5: 0	7 Type of Action
MGR	Sarah Göpin	5650 Stirling Rd	Hollywood, FL 33021	
				□ Remove
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ective date, if other than the date of	filing: 05/14/2021 (optional) ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
ite: If the date inserted in this block does	s not meet the applicable statutory filing requirements, this date will not be listed:
cument's effective date on the Departme	nt of State's records.
scord specifies a delayed effective date, b	out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
June 20 ted	. 2021
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Filing Fee: \$25.00