7/16/2021 Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

OASIS HOOKAH LOUNGE LLC

Certificate of Status	0
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Page Count	03
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Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OASIS HOOKAH LOUNGE LL	С			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on MAY 27, 2021 Florida document number L21000249191			and assigned	
This amendment is submitted to amend the fol	lowing:		71. 22	
A. If amending name, enter the new name	of the limited liab	pility company here:	2021 JUL 	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or d		
Enter new principal offices address, if appli	cable:	172 NE STH ST	= 1	
(Principal office address MUST BE A STRE	ET ADDRESS)	HOMESTEAD, FL 33030	ā.	
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)		N/A		
		N/A		
B. If amending the registered agent and/or agent and/or the new registered office addre	r egistered office : e <u>ss here</u> :	address on our records, <u>enter the n</u>	ame of the new registered	
Name of New Registered Agent:	Ñ/A			
New Registered Office Address:	N/A			
		Enter Florida street address		
	N/A	, Florida	N/A	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Title	<u>Name</u>	Address	Type of Action
AMBR	JEAN C. CORTES	277 NE 31ST AVE	= Add
		HOMESTED, FL 33033	
			Change
AMBR	VIELKA HIRALDO GARCIA	172 NE 8TH ST	🖸 Add
		HOMESTEAD, FL 33030	□Remove
			Remove
			Change
			
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	or owner by the of Mar			
cord specifies a delayed effective dat	s, but not an effective tir	ne. at 12:01 a.m. on	the earlier of: (b)	The 90th day after t
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JULY 16 ed	2021			
	Jean C. (-		
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	Jean C	ortes		

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