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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	S IN HOLLYWOOD LLC		
SUBJECT:	Name of Lim	ited 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:	
	KATRINA LADSON		
		Name of Person	
	HIDDEN TREASURES B	USINESS & FINANCE EMPORIUM	M LLC
		Firm/Company	
	150 S. PINE ISLAND RO	AD, SUITE 300	
		Address	
	PLANTATION, FL 33324		
		City/State and Zip Code	
	DENEBROWN@GMAIL.C		·
		to be used for future annual report notific	cation)
For further information c	oncerning this matter, please co	all:	
KATRINA LADSON		954 770-3838	
Name o	f Person		Telephone Number
Enclosed is a check for the	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 Address Registration S	_	<u>Street Address:</u> Registration Sect	ion
Division of Corporations		Division of Corpo	orations
P.O. Box 632 Tallahassee, 1		The Centre of Ta 2415 N. Monroe	
i alialiassee, l	L J4J17	Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE OASIS IN HOLLYWOOD LI	C		
(Name of the Limit	ed Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Li	ability Compa	any were filed on 06/01/2001	and assigned
Florida document number L21000254932	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited L	iability company here:	
OASIS LIFE VENTURES LLC			
The new name must be distinguishable and contain the w	ords "Limited L	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	<u>T ADDRESS</u>	2	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:		ce address on our records, <u>enter the n</u>	ame of the new register
			Sign of the same o
New Registered Office Address:		Enter Florida street address	(a) (Δ) (1) (1) (1) (1) (1) (1) (1) (1) (1) (
		, Florida	Zip' Code
New Registered Agent's Signature, if changing F	Registered Age	•	10. 10.

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

Title	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
<u>. </u>			🗀 Add
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			□Change
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		-1.78	□ Remove
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			□Change
			□Add
			□ Remove
			Changa

PRO	OPERTY MANAGEMENT VENTURES. IN ADDITION TO ANY AND ALL LAWFUL BUSINESS.
	
effecti e: If t	date, if other than the date of filing:
filed.	
ed	October 18th 2022.
	The state of the s