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Office Use Only



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DIVISION OF CORPORATION 22 APR 25 PH 3: 35

T. MATTHEWS JUN 15 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Oasis Property Rentals Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Periocia USIAS  Name of Person
OGS, 5 Property Pentals
19790 W. Dixie HWY, Suite,101
AVENTUC FL 33 180  City/State and Zip Code
Support COS, SPORT-YMATOS. (OM) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pelint 10 505 at (786) 523 4658  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATIONISION OF CORPORATIONS OF 22 APR 25 PM 3: 35

(Name of the Limited L	lability Company as it now app lorida Limited Liability Compan	ears on our records.)			
The Articles of Organization for this Limited Liability Company were filed on March 21, 2022 and assigned Florida document number <u>L22,000 138 145</u> .					
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability company	here:			
The new name must be distinguishable and contain the words	s "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	(DDRESS)				
	<del></del>				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO.	<u></u>				
B. If amending the registered agent and/or regis agent and/or the new registered office address h		r records, enter the name of the new register			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter I	lorida street address			
_	City	Florida Zip Code			

## 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

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>	Name	Address	Type of Action
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(If an eff Note:	ve date, if other than the date of filing:
the record cord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	April 17, 2022.  Signature of a member or authorized representative of a member
	Belinand USI(IS Typed or printed name of signee

Filing Fee: \$25.00