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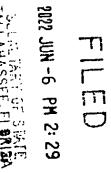
(Requestor's Name)
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

	OASIS VILLA LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del>.</del>	
	f Amendment and fee(s) are sub	•		
	Mirtha Theresa Mejillones	;		
		Name of Person		
Small Business Aides LLC dba New Millennium Accounting Group				
		Firm/Company	<del></del>	
	5214 Mirror Lakes Blvd			
		Address		
	Boynton Beach, FL 33472			
		City/State and Zip Code		
	terri@newmilacetg.com		<del></del>	
		to be used for future annual report not	ification)	
For further information	concerning this matter, please c	all:		
Mirtha Theresa Mejillones		352 449-9705		
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for	the following amount:			
<b>≘</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AZURE OASIS VILLA LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company  Florida document number L22000227197	were filed on 5/16/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	6902 Tradewinds Way	7
	Lake Worth, FL 33462	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SSEE. FL
		29
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	6 . 79 . 1	
	Enter Florida street address	
		da
	City	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>	<u>Name</u>	Address	Type of Action
MGR	Dennis D Mejillones	18532 Woodfield Rd, Gaithersburg, MMD 20879	<b>=</b> Ad <b>d</b>
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			□Change
			□Add
		<del></del>	□Remove
			□Change
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Tective date, if other than the in effective date is listed, the date monte: If the date inserted in this bocument's effective date on the E	st be specific and cannot be prior to date of lock does not meet the applicable state	(optional) filling or more than 90 days after filling.) Pu utory filling requirements, this date will	rsuant to 605.0207 I not be listed as
ecord specifies a delayed effection is filed.	e date, but not an effective time, at 13	2:01 a.m. on the earlier of: (b) The 90	Oth day after the
	2022		
May 25	2022		
ited May 25			
nted May 25	Signature of a member or authorized rep	resentative of a member	

Filing Fee: \$25.00