

L23 000 034 998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

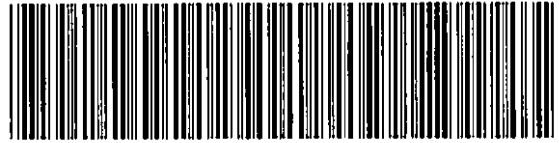
(Business Entity Name)

(Document Number)

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2013 FEB 9 PM 3:10
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EL OASIS PARTY LLC

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:

YINDRA TIRIL DONATIEN

Name of Person

EL OASIS PARTY LLC

Firm/Company

1804 E 17TH AVE

Address

TAMPA FL 33605

City/State and Zip Code

tirilyindra@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YINDRA TIRIL DONATIEN

813 8591215

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

FILED
2023 FEB -9 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FL

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

2013 FEB -9 PM 3:03
STUDY OF THE
WALL MOUNTED

2023 FEB -9 PM 3:06
SOUTH AFRICA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

BRUARY 6

[Signature]

YINDRA TIRIL DONATIEN

Filing Fee: \$25.00