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COVER LETTER

TO:	Registration Se Division of Cor			•	•
		PARTY LLC		▼	,
SUBJE	CT:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		YINDRA TIRIL DONATI	EN		
			Name of Person		_
		EL OASIS PARTY LLC			
		<u> </u>	Firm/Company		2023
		1804 E 17TH AVE			FER
			Address		0-9
		TAMPA FL 33605			B-9 PH
		tirilyindra@gmail.com	City/State and Zip Code		2023 FEB -9 PH 3: 1
			to be used for future annual report	notification)	777 0
For furt	her information c	oncerning this matter, please c	all:		
YINDR	la TIRIL DONA	TIEN	813 8591215 at ()	j	
	Name o	f Person		ytime Telephone Numbe	er
Enclose	ed is a check for th	ne following amount:			
≡ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
	Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee, 1	Section forporations 7	The Centre	Section Corporations of Tallahassee onroe Street, Suite (810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL OASIS PARTY LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability (Company were filed on 01/19/2023	and assigned
Florida document number L23000034998	 '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nuted Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Principal office address MUST BE A STREET ADD.	RESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		the name of the new registered
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addre.	SS
	F1	orida Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	t and agree to act in this capacity. I fu complete performance of my duties, a agent as provided for in Chapter 605, red office address, I hereby confirm th	nd I am familiar with and F.S. Or, if this document is

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
AMBR	JIMMY BETHEL MCKNIGHT	1208 PETTEWAY DR LAKELAND FL 33805	■Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
		ÄL 	© DÂdd C. D3 - DRemove.
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F ffecti	ive date, if other than the date	of filing:		(option	al)	
(If an eff Note:	fective date is listed, the date must be sp. If the date inserted in this block dinent's effective date on the Departi	secific and cannot be prior oes not meet the application.	able statutory filing	re than 90 days after fil	ing.) Pursuant to 6	605.0207 (3 isted as th
he recor ord is fi	rd specifies a delayed effective date lled.	:, but not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day a	fter the
Dated	FEBRUARY 6	2023	·			
	Julia Com					
	Signa	ature of a member or autho	orized representative	it a member		
	YINDRA TIRIL DONATIEN	×.				

Filing Fee: \$25.00