L23000168005

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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations				
	GRUPO OA	ASIS USA LLC				
SUBJECT	Name of Limited Liability Company					
The enclosec	i Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return	ali correspo	ndence concerning this matter	to the following:			
		ALEJANDRA C SERRAN	SO DOMPABLO			
			Name of Person	<u> </u>		
		GRUPO OASIS USA LLC	· ,			
			Firm/Company	_		
		5252 NW 85TH AVE APT	11107			
			Address	_		
		DORAL, FL 33166		1 1		
			City/State and Zip Code	- ':		
		USTUEMPRESA@GMAII				
		E-mail address: (to be used for future annual report notification)	· .		
For further in	nformation co	oncerning this matter, please ca	all:	<u>(3)</u>		
ALEJANDR	RA C SERRA	NO DOMPABLO	786 340-0372 at ()	٠ :		
	Name of	Person	Area Code Daytime Telephone Numb	per		
Enclosed is a	check for th	e following amount:				
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)		
Re Div P.C	iling Address gistration S vision of C D. Box 632 Ilahassee, F	section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite Tallahassee. FL 32303	810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRUPO OASIS USA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/04/2023 and assigned Florida document number <u>L23000168005</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NΑ The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." NA Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NΑ Enter new mailing address, if applicable: \odot (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: NΛ Name of New Registered Agent: NANew Registered Office Address: Enter Florida street address

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.

NA

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	ALEJANDRA C SERRANO DOM	5252 NW 85TH AVE APT 1107	□Add
		DORAL, FL 33166	≡ Remove
			□Change
AMBR	DOUMIT EL KHAWAJA	5252 NW 85TH AVE APT 1107	■Add
		DORAL, F1, 33166	□Remove
			□ Change
AMBR	JANY CHIRINOS	5252 NW 85TH AVE APT 1107	■ Add
		DORAL, FI. 33166	□Remove
			□Change
NA	NA	NA	□Add
			↓ ☐Change
NA	NA	NA	
			் _{, .} . ஏ □Remove
			□Change
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			□Remove
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