Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Co Fax Number	rporations : (850)617-6383	
From:			
	Account Name	: LEGALZOOM.COM INC.	
	Account Number	: I20010000062	`ٺ`
	Phone	: (323)962-8600	
	Fax Number	: (323)389-0502	
Enter 1		: (323)389-0502 s for this business entity to be used for	futui

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OAS DESIGNS LLC

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Corporate Filing Menu

Help

TO:

Registration Section

COVER LETTER

Di	vision of Coi	porations		
SUBJECT:	OAS DESI			
SOBJECT	·		ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	indence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Adcress	
		Glendale, CA 91203		
		opey_smith@yahoo.com	City/State and Zip Code	
			o be used for future annual report notif	ication)
For further i	information c	oncerning this matter, please ca	dt:	
Cheyenne A	loseley		300 773-0888	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is	a check for th	ne following amount:		
	Filing Fee	-	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy ladditional copy is enclosed!

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

15125973041

OAS DESIGNS LLC		
(Name of the Limited Li (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	 -
	ty Company were filed on 04/14/2023	and assigned
Florida document number L23000186220	. <u></u> .	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words '	"Lumited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>enter t</u>	
		12 '
Name of New Registered Agent:		(°
New Registered Office Address:		?
	Enter Florida street address	
_	, Flerida	Zw Code
New Registered Agent's Signature, if changing Regist	- v	- F
I hereby accept the appointment as registered age	ent and agree to act in this capacity. I further agre and complete performance of my duties, and I am fa	

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
AMBR	Opey A. Smith	465 Overstreet Ave. Longwood, FL 32750	■ Add
			🗖 Remove
			Change
AMBR	Sandra Smith		. 🖸 Add
		465 Overstreet Ave. Longwood, FL 32750	■ Remove
			Change
·			Add
			□ Remove
			□ Change
			🖸 Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			D Add
			□ Remove
			□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Mecti	re date, if other than the date of filing:
lf an cife	ctive 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
docume	I the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as att's effective date on the Department of State's records
ne rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	90th day after the record is filed.
Dated _	September 12 2023
	Qe A. Sniel
	Signature of a member or authorized representative of a member
	Opey A. Smith
	Typed or printed game of signee

Page 3 of 3

Filing Fee: \$25.00