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(Business Entity Name)	12/04/240104100
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	a Oasis LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Aharon Cohen		
		Name of Person	-
		Firm/Company	
	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Aharon Cohen Name of Person Firm/Company 991 N MIAMI BEACH BLVD Address North Miami Beach Florida 33162 City/State and Zip Code info@sfloridaoasis.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: 1 Cohen 1 Area Code Name of Person Daytine Telephone Number		
		Address	
	North Miami Beach Florid	a 33162	
		City/State and Zip Code	
	-		
For further information c		·	tilication)
Aharon Cohen	•	at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address		Street Address:	oution
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S FLORIDA OASIS ELC		
(Name of the Limited Liah (A Flori	illity Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 14/17/2023	and assigned
Florida document number 1.23000189318		
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the li	mited liability company here:	•
the new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the ab	
Enter ne v principal offices address, if applicable:	ا 	20241 SEC
Principal office address MUST BE A STREET ADI	DRESS)	E TO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	to.	PH 6: 07
3. If amending the registered agent and/or register gent and/or the new registered office address here		e of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Shmuel Druin	991 N MIAMI BEACH BLVD	□Add
		NMB, FL. 333162	= Remove
			□Change
			□Remove
	·		□Change
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		ASAP				
effective date i te: If the date	other than the date listed, the date must be s inserted in this block of ive date on the Depart	e of filing: pecific and cannot be loes not meet the a	prior to date of filing	or more than 90 days a		
cord specifies s filed.	i delayed effective dat	e, but not an effect	ive time, at 12:01 a	.m. on the earlier of:	(b) The 90th day aft	ter the
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11/26/202						
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11/26/202	Od		authorized represent	325 at 1	1	

Filing Fee: \$25.00