L23000227113

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
OasisLair I	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	A mandmant and face(s) are cub	united for filing	
The enclosed Afficies of	Amendment and rec(s) are suc	minica for thing.	
Please return all correspo	endence concerning this matter	to the following:	
	Matthew Fields		
		Name of Person	
		Name of Person Firm/Company Address City/State and Zip Code o be used for future annual report notification)	
	4616 Confederate Oaks D	r	7e2
		Name of Person Firm/Company Gederate Oaks Dr. Address le, Florida 32210 City/State and Zip Code 1@gmail.com E-mail address: (to be used for future annual report notification) matter, please call: 1904 Area Code Daytime Telephone Number 1019 1020 1030	
	Jacksonville, Florida 3221	0	
		City/State and Zip Code	
	fields.matt11@gmail.com		
For further information c	E-mail address: (oncerning this matter, please c	·	iffication) $\frac{1}{100}$ $\frac{1}{100}$
Matthew Fields			
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration S		Street Address:	ection
Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on c Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L23000227113</u>	ompany were filed on May 08	, 2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designa	ntion "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR.	ESS)		197 <u>2</u>
		, · ·	مورد مورد مورد
Enter new mailing address, if applicable:			च्छ रे
(Mailing address MAY BE A POST OFFICE BOX)		L 37	2 2
		112	-
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	ds, <u>enter the name</u>	of the new regi
Name of New Registered Agent:		<u></u>	
New Registered Office Address:			
	Enter Florida sti	reet address	
		Florida	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Ossist sight C

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Barbara Fields	4616 Confederate Oaks Drive	
		Jacksonville Florida 32210	≡ Remove
AMBR	Anthony Fields	4616 Confederate Oaks Drive	□ Add
		Jacksonville Florida 32210	= Remove
			□Change
 			—————————————————————————————————————
			Remove
			Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove

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		<u> </u>			
					
					
					
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	ck does not meet the applica				
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