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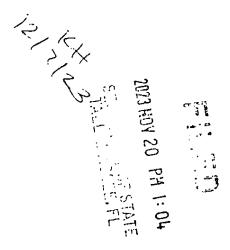
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COVER LETTER

	Division of Corp	ction Porations	k		4		•
SUBJEC	Oasis OT. L	I.C					
SOBJEA		Name of Lim	ited Liability Company				
The encl	losed Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please re	eturn all correspon	idence concerning this matter	to the following:				
		Jaci Atkinson					
			Name of Person				
		Oasis OT, LLC					
			Firm/Company				
		1074 state road 20					
			Address		- <u>-</u>		
		interlachen, FL 32148					
		jaci.atkinson22@gmail.com	City/State and Zip Code				
		E-mail address: (to be used for future annual repor	1 notification)			
For furth	er information co	ncerning this matter, please ca	al1:				
Jaci Atk	inson		352 339330 at ()	-1			
Name of Person				aytime Telepho	me Number		
Enclosec	l is a check for the	following amount:				2023 HOV	5
X ∙ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(2) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		- Certified C	ng Fee. 8	3

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oasis OT, LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our r mited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Con	npany were filed on $\frac{8/22/23}{}$	and assigned
Florida document number 1.23000395504		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I 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 ADDRES	SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		20
		70 T
B. If amending the registered agent and/or registered of	ffice address on our records, <u>e</u>	nter the name of the fiew registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	udress
	City	
	ϵw	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 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>	Address	Type of Action
MGR	Jaci N Atkinson	1074 state road 20 interfachen FL, 32148	
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			🗀 Change
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an effective date is liste	her than the date of i	ic and cannot be prior	to date of filing or me	ore than 90 days after f	Him & Purcusay	£ €
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record specifies a de is filed.	elayed effective date, bu	it not an effective t	ime, at 12:01 a.m. c	n the earlier of: (b)	The 90th day	v after the
ned 11/15	12023	4:00r) M			
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.	I . I	A 4 C	_			
<u>-</u>	Jaci Jaci Signature	Ola member or auth	orized representative	of a member		_