

L24 0000061382

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(Business Entity Name)

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02/28/24 KH
2024 FEB 16 PM 2:57
SEC. OF STATE
TALLAHASSEE, FL
FEB 16 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Academic Oasis LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon Olson
Name of Person

Academic Oasis
Firm/Company

595 North Nova Rd. Suite 206
Address

Ormond Beach, FL 32174
City/State and Zip Code

ihearttutoringshannon@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Olson at (386) 334-9486
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☒ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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TALLAHASSEE, FL
2020 FEB 16 PM 2:58

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Academic Oasis 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 2/6/24 and assigned
Florida document number L24000061382

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

1089 W. Granada Blvd
Ormond Beach, FL
32174

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

599 N. Nova Rd Suite 206
Ormond Beach, FL
32174

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:

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|------------------|--|
| MGR | Shannon Olson | 595 N. Nova Rd | <input type="checkbox"/> Add |
| | | Ormond Beach, FL | <input type="checkbox"/> Remove |
| | | 32174 | <input checked="" type="checkbox"/> Change |
| MGR | Jaclyn Veloc | 595 N Nova Rd | <input type="checkbox"/> Add |
| | | Ormond Beach, FL | <input type="checkbox"/> Remove |
| | | 32174 | <input checked="" type="checkbox"/> Change |
| MGR | Mitch Veynovich | 595 N Nova Rd | <input checked="" type="checkbox"/> Add |
| | | Ormond Beach, FL | <input type="checkbox"/> Remove |
| | | 32174 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |

STATION REPORT
2024 FEB 16 AM 2:08
FEB 16 2024

2024 FEB 16 P
OFFICE

(If an effective 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 (3)(b)

2024 FEB 16 PM 2:58
STATION
OFFICE

Dated February 13 2024

Shanna Olson

Signature of a member or authorized representative of a member

Shannon Olson

Typed or printed name of signee