

L24 000061322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

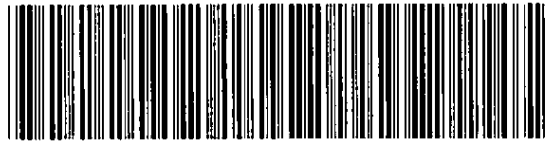
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/16/24--01029--019 **60.00

FILED
2024 FEB 16 PM 2:51
SEC. OF STATE
TALLAHASSEE, FL
KH
02/28/24

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

STATE OF FLORIDA
2024 FEB 16 PM 2:58
RECEIVED

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

**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.

2024 FEB 16 PM 2:58
STATE

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 Veloce	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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

STAFF REPORT
 2021 FEB 16 AM 2:08
 E-1100

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

2024 FEB 16 PM 2:58
OFFICE OF THE STATE
CLERK

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 13 2024

Shannon Olson
Signature of a member or authorized representative of a member

Shannon Olson
Typed or printed name of signee