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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	STMENT 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	ndence concerning this matter	to the following:	
	GISELA FREDEZ		
	 -	Name of Person	
	YOUR OASIS INC		
	-	Firm/Company	
	2083 N POWERLINE RD	STE 2	
		Address	
	POMPANO BEACH FL 3	3069	
		City/State and Zip Code	
	GISELA@YOUROASISIN		
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please ca	ail:	
GISELA FREDEZ		754 235-3232	
Name o	f Person	at () Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		Street Address: Registration Section	
Division of C		Division of Corporations The Centre of Tallahassee	
P.O. Box 632 Tallahassee, l		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FR2 INVESTMENT LLC		2024 1 2 F.1 3: 1,0
(Name of the Limited I	Liability Company as it now appears on our rec Florida Limited Liability Company)	ords.) 3: 1; 0
The Articles of Organization for this Limited Liabi Florida document number	ility Company were filed on04/11/2024	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET)	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	_
B. If amending the registered agent and/or regi agent and/or the new registered office address h	· · · · · · · · · · · · · · · · · · ·	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	m m	
	Enter Florida street ad	dress
		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 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>	Type of Action
AMBR	ROBERTO NOGUEIRA VASILIE V	SQNW 111 A APT 101	
		BRASILIA, DF 70686705 BR	Remove
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Effective date, if other (If an effective date is listed Note: If the date insert	d, the date must be speci ted in this block does	fic and cannot be prior not meet the applica	to date of filing or mor able statutory filing	(option te than 90 days after fi requirements, this o	ial) ling.) Pursuant to 605.0207 (late will not be listed as t
document's effective d			12.01		
document's effective d	ayed effective date, b	ut not an effective ti	me, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
document's effective d ne record specifies a dela ord is filed.	ayed effective date, b	ut not an effective ti 2024	me, at 12:01 a.m. of	the earlier of: (b)	The 90th day after the
document's effective done record specifies a deleter distribution of the deleter delet		2024			
document's effective defective defec	ayed effective date, b	2024			