

L240002413270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

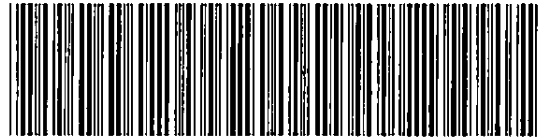
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/19/24--01010--006 **25.00

2024 JUN 19 PM 5:26
CLERK OF STATE
TALLAHASSEE, FL

1-00

06/19/24

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Lily 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:

Lydia E. Burgos Collazo
Name of Person

Lily Oasis LLC
Firm/Company

1020 Escandido Court
Address

Kissimmee FL 34758
City/State and Zip Code

LydiaBurgos93@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Lydia E. Burgos Collazo at 929 373-8915
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL
JUN 17 19 PM 5:26

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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2021.11.19 PM 5:26
CLARK COUNTY
LAHASSEE, FL

20. NOV 19 PM 5:26
CLARK COUNTY
CLARK COUNTY, FL

STATE OF FLORIDA
COUNTY OF ALACHUA

(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)

Dated June 13, 2024

Sydia Bings
Signature of a member or a

Signature of a member or authorized representative of a member

Lydia E Burgos Collazo
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00