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TANASSEE, FATE

06/19/24

## **COVER LETTER**

Division of Co	rporations		
SUBJECT:	Mame of Lin	nited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter		
	Lydia E.	BUZGOS COMZ (	O
	Lily Dasi	S U.C. Firm/Company	
	W20 FSCOr	Mido Court Address	
	<u>Kissimmea</u> Lidinburga	City/State and Zip Code	M 4
For further information c	E-mail address:	to be used for future annual report notifiall:	A CF A CF BHA 6
Lydio E. T. Name o	SURGOS COLINZ Person	O at ( <u>929</u> ) <u>373 - {</u> Area Code Daytime	8915 FA 29 e Telephone Number
Enclosed is a check for th	e 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)

TO:

Registration Section

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

Lily Dasis LLC	
(Name of the Limited Liability) (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 05/28/2024 and assigned
Florida document number <u>1 24000243270</u>	-
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
LIV Oasis Clanning LC	
The new name must be distinguishable and contain the words "Limited	ed 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 ADDRE	<u> </u>
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	5 × 9
•	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zıp 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>	Address	Type of Action
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			□Remove
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ve date, if other than the date of filing:	(optional)		
ective date is listed, the date must be specific and cannot be prior to date of filing or n If the date inserted in this block does not meet the applicable statutory filin ent's effective date on the Department of State's records.	nore than 90 days after filing.	) Pursuant	to 605 be list
on a second discount of state a record.			
d specifies a delayed effective date, but not an effective time, at 12:01 a.m. ed.	on the earlier of: (b) Th	e 90th da	y afte
Ine 13 2024			
Lydia Burgo			_
Signature of a member or authorized representative	e of a member		