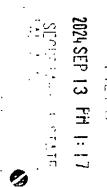
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800436457228

010/10/04:000082:0000 mags. 00



## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NEW TOWN OANAME OF CORPORATION:			·	
N22000006294				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are s	ubmitted for filin	g.		
Please return all correspondence concerning this m	atter to the follow	cing:		
WILENE DOZIER				
	(Name of Cor	itact Person	J	
NEW TOWN OASIS MARKETPLACE, INC.				
	(Firm/ Cc	impany)		
476 RIVERSIDE AVE #1401				
-	(Add	ress)		
JACKSONVILLE, FL. 32202				
newtownoasis@gmail.com	(City <sup>e</sup> State at	ad Zip Code	:)	
E-mail address: (to be u	sed for future and	nual report r	otification	1)
For further information concerning this matter, ple	ase call:			
WILENE DOZIER		90.3 at	ļ.	415-0878
(Name of Contact Pers	son)	(An	ea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the F	lorida Depa	rtment of	State:
☑ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Statu	& □\$43.75 Filings Certified Conditional enclosed)	opy	Certif Certif	ied Copy tional Copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Sect n of Corpo entre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

NEW TOWN OASIS MARKETPLACE, INC.

Name of Corporation as currently filed with the Florid N22000006294	da Dept. of Sta	<u>te</u> )				
(Document Nu	ımber of Corpo	ration (if known)				<del></del>
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	itutes, this <i>Flor</i>	ida Not For Proj	fit Corporation	r adopts	the fu	ollowing
A. If amending name, enter the new name of the corpo	oration:					
						he new
name must be distinguishable and contain the word "corpo" Company" or "Co." may not be used in the name.	oration" or "in	corporated" or t	he abbreviatio	n "Corj	v," or	"Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address MUST BE A STREET ADDRE.	·····	<del></del> -				
Trincipal hypice dudress <u>51051 BE &amp; STREET ACHINE.</u>	<u></u> )	<u>.                                      </u>				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )						<del></del> .
					2024	; 
D. If amending the registered agent and/or registered of	office address i	n Florida, enter	the name of t	<u>he</u> .	SEP	-m
new registered agent and/or the new registered offic  Name of New Registered Agent:	<u>ce address:</u>		•	·.•	<u>3</u>	
		· · ·	,			$\overline{\Box}$
<u>New Registered Office Address</u> :		(Florida si	reet addressi	71	17	
			Flori	da		
	(Ciţy)		(Zi <sub>j</sub>	n Code)		
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	red Agent: a familiar with c	md accept the ob	ligations of the	e positie	n.	
	Signature of S	iew Registered A	gent, if changi	ng		

and address of each Offi (Attach additional sheets, Please note the officer/div P = President; V = Vice P	cer and/or Direct if necessary) vector title by the t vesident; T= Trea v Chief Financial (	irst letter of the office title: surer: S= Secretary: D= Director: TR= Trus Officer. If an officer/director holds more than	stee; C = Chairman or Clerk; CE() = Chief
	ves the corporation	n, Sally Smith is named the $V$ and $S.$ These sh	ST and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change.
Example:  X Change X Remove X Add	PT         John Do           V         Mike Jo           SV         Sally Sr	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	SHENITA MCCRIMAGER	476 RIVERSIDE AVE. #1401 JACKSONVILLE, FL. 32202
<ul> <li>Remove</li> <li>Change</li> <li>Add</li> </ul>	D	JAMES COOK	476 RIVERSIDE AVE. #1401 JACKSONVILLE, FL. 32202
Remove  3 ) Change  Add  Remove			
4) Change Add			
Remove 5) Change			
Add Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here:  (Be specific)	

• • •		
	<del></del>	
_		
The date of each anundments ) adaptions	August 31, 2024, if other than	la .
date this document was signed.	. it outet that	1 1110
date this document was signed.		
Effective date if applicable:		
(n)	o more than 90 days after amendment file date)	
	not meet the applicable statutory filing requirements, this date will not be listed as the	
Adoption of Amendment(s) (9	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes east for the amendment(s)	

Dated	September 9, 2024
Signatu	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  WILENE DOZIER
	(Typed or printed name of person signing)