## P14000040949

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JAN 23 2014 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Oasis Palms	Inc				
DOCUMENT NUMBER: P14000040949					
The enclosed Articles of Amendment and fee are	submitted for filing.				
Please return all correspondence concerning this m	natter to the following:				
Michell McDonald					
	Name of Contact Person	1			
Oasis Palms Inc					
	Firm/ Company				
12629 SW 21st Stree	et				
	Address				
Miramar, FL 33027					
	City/ State and Zip Code	e			
OasisPalmsInc@gmail.co	om				
E-mail address: (to be	used for future annual report	notification)			
For further information concerning this matter, ple	ease call:				
Michell McDonald	at (954	338-0014			
Name of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for the following amount made	e payable to the Florida Depa	ertment of State:			
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle			

Tailahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

to

Oasis Palms Inc				_	
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)			
P14000040949					
(Documen	t Number of Corporation (if k	(nown)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation ado	pts the following	g amer	idment(s)
A. If amending name, enter the new na	me of the corporation:				
Not Applicable				The	new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "Co	o". A professional corporati	ated" or the a ion name must	bbrevie contair	ation n the
B. Enter new principal office address,	if applicable:	Not Applicable			
(Principal office address MUST BE A ST	TREET ADDRESS )				
				-	
			<del>- 24</del>		
C. Enter new mailing address, if appli	cable:	Not Applicable		رب. (کا	
(Mailing address MAY BE A POST C			12 viii 12 viii	_ [][   []	Ţ,
			- "1	_ <b>`&amp;</b> `	,*;
			 	ite w	rifu Day
				<u> </u>	34.27.12 <sup>3</sup>
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name	of the	(C)	
	Michell McDonald		-		
Name of New Registered Agent					
	685 Falling Water Rd				
	(Fiorida stree	a adaress)			
New Registered Office Address:	(City)	, Florida	(Zip Code)	-	
	(City)		(Zip Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regist Si		1	of the position.		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PS	Simone Castello	474 SE 11 Terrace,
Add			Dania Beach, FL 33004
Remove			
2) Change	<u>P</u>	Michell McDonald	685 Falling Water Rd
Add			Weston, FL 33326
Remove			
3) Change	S	Michell McDonald	685 Falling Water Rd
<b>✓</b> Add			Weston, FL 33326
Remove			
4) Change			
Add			
Remove			·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Currently Simone Castello is listed as President and Secretary with corporation.
She is leaving. Michell McDonald currently listed as VP will become President and
handle role of Secretary.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
N/A

The date of each amendment(s) adoption: 01/02/2015	
date this document was signed.	
Effective date if applicable: 01/02/2015	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 01/02/2015	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
Michell McDonald	
(Typed or printed name of person signing)	_
VP	
(Title of person signing)	<del></del>