LOGOCCO 12027

(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



700328059247

U4/19/19--01013--008 **30.00

R. WHITE APR 2 7 2019





COVER LETTER

Division of Co			
Next Trai	nsition, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Scott Bartholmey		
		Name of Person	
	8200 - 113th Street. Suite	Firm/Company 104	
	Seminole, FL 33772	Address	
	scott@shoreoaksptr.com	City/State and Zip Code	<u> </u>
	E-mail address: (to be used for future annual report notif	ication)
For further information (concerning this matter, please c	all:	
Scott Bartholmey		727 251-7832 at ()	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

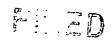
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 APR 19 AM 10: 10

Next Transition, LLC		; ⁻ U;
(Name of the Limited I (A	Liability Company as it now appears on our Florida Limited Liability Company)	records.) F
The Articles of Organization for this Limited Liabi	ility Company were filed on February 2	2, 2006 and assigned
orida document numberL06000012027		
nis amendment is submitted to amend the followi	ing:	
. If amending name, enter the new name of th	e limited liability company here:	
hore Oaks Partners, LLC		
ne new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A		
inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO. If amending the registered agent and/or egistered agent and/or the new registered office	registered office address on our re	cords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
_	Enter Florida street	address
_		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 Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
			Remove
			☐ Change
			Remove
			□ Change
			Remove
			Change
			Remove
			Change
			Remove
			Change
			Remove
			Change

_	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
ri mee	February 1, 2019
	date, if other than the date of filing:
If the record (b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated Apr	il 15 2019
	(A)
-	Signature of member or authorized representative of a member
	Scott Bartholmey

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00