108000085511

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
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SECRETARY OF STATE

FILED

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	OFFSHORE EQ	UITY HOLDINGS, LI	_C
		ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		STEPHEN PEREZ	
		Name of Person	
	OFFSHOR	RE EQUITY HOLDINGS	, LLC
		Firm/Company	
		540 E. Horatio Ave	
		Address	
		IAITLAND, FL 32751	
	City/State and Zip Code		
	steve.altura@gmail.com E-mail address: (to be used for future annual report notification)		
For further information cor	ncerning this matter, please co		
Ste	eve Perez	at (_407)	949-4814
Name of I	Person		time Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Seed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

OFFSHORE EQUITY HOLDINGS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 9/02/2008 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L08000085511 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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 further with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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.

New Registered Agent's Signature, if changing Registered Agent:

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street add

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> Name **Address** Laura Hope Richards MGR PO BOX 547762 ✓ Add ☐ Remove ORLANDO, FL 32854 ☐ Add ☐ Remove ☐ Remove ☐ Add Remove $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) We don't want to add this person. We just need the last name changed from what Dated _____ May 6 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00