

L1100012 5966

(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:

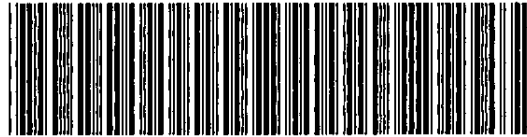
A

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APR - 5 2012

EXAMINER



500224471685

03/16/12--01013--026 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR - 3 PM 4:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2012

ADAM SCHOENBAUM
WESTSHORE PARTNERS LLC
15375 ROOSEVELT BLVD., SUITE 300
CLEARWATER, FL 33760

SUBJECT: WESTSHORE PARTNERS LLC
Ref. Number: L11000125966

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR -3 PM 4:00

We have received your document for WESTSHORE PARTNERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The AMENDMENT must be signed. Please sign and return.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 812A00009666

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Westshore Partners LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Schoenbaum

Name of Person

Westshore Partners LLC

Firm/Company

15375 Roosevelt Blvd, Suite 300

Address

Clearwater, FL 33760

City/State and Zip Code

adamschoenbaum@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Schoenbaum

Name of Person

at (727)

458-9374

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR -3 PM 4:00

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Westshore Partners LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/4/2011 and assigned
Florida document number L110001425966

SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 13 PM 4:00

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:

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 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.

If Changing Registered Agent, Signature of New Registered Agent

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:

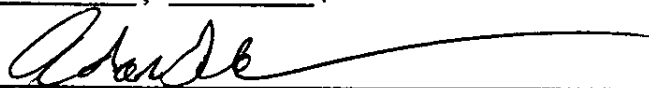
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Wesson Ventures, LLC	3058 Phoenix Ave Oldsmar, FL 34677	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JAS Assets, Inc	P.O. Box 15109 Clearwater, FL 33766	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

3/12/12



Signature of a member or authorized representative of a member

Adam Schoenbaum

Typed or printed name of signee