

L14000168522

(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



100268414101

01/20/15--01048--010 \*\*60.00

FILED  
15 JAN 20 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED FEB 2 2015

**COVER LETTER:**

TO: Registration Section  
Division of Corporations

SUBJECT: Offshore 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:

Delia Everett  
Name of Person

Firm/Company

P.O. Box 111988  
Address

Naples, FL 34108-1988  
City/State and Zip Code

deliaeve@live.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Delia Everett  
Name of Person

at ( 239 ) 293-4683  
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

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

Offshore 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 October 24, 2014 and assigned  
Florida document number L14000168522

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**)

28337 Mango Drive  
Bonita Springs, FL 34134

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Same - P.O. Box 111988  
Naples, FL 34108-1988

**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:

Delia Everett

New Registered Office Address:

28337 Mango Drive

Enter Florida street address

Bonita Springs, Florida 34134

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.

Delia Everett  
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>   | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|---------------|--------------------------|--------------------------------------------|
| MGR          | Kerry Prince  | 6080 Lancewood Way       | <input type="checkbox"/> Add               |
|              |               | Naples, FL 34116         | <input checked="" type="checkbox"/> Remove |
| MGR          | Delia Everett | 28337 Mango Drive        | <input checked="" type="checkbox"/> Add    |
|              |               | Bonita Springs, FL 34134 | <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            |

FILED  
15 JAN 20 PM 4:50  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

---

---

---

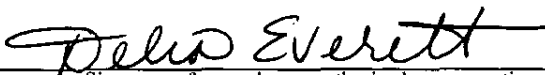
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

Delia Everett

Typed or printed name of signee

**FILED**  
15 JAN 20 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Page 3 of 3

Filing Fee: \$25.00