

L14000168522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

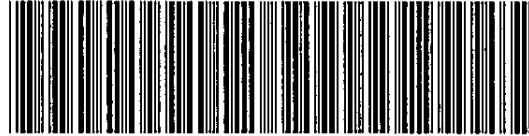
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Aug 27 2015  
O BRUCE

## 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:

Victor Dimes

Name of Person

Firm/Company

28337 Mango Drive

Address

Bonita Springs, FL 34134

City/State and Zip Code

victor@oakesfarms.com

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

For further information concerning this matter, please call:

Victor Dimes

Name of Person

at ( 239 )

Area Code

777-0700

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

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TALLAHASSEE, FLORIDA

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**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 contain 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)

28337 Mango Drive  
Bonita Springs, FL 34134

**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:

Victor Dimes

New Registered Office Address:

28337 Mango Drive

Enter Florida street address

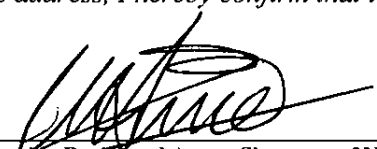
Bonita Springs, Florida

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

| <u>Title</u> | <u>Name</u>   | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|---------------|--------------------------|--------------------------------------------|
| MGR          | Victor Dimes  | 28337 mango Drive        | <input checked="" type="checkbox"/> Add    |
|              |               | Bonita Springs, FL 34134 | <input type="checkbox"/> Remove            |
|              |               |                          | <input type="checkbox"/> Change            |
| AMBR         | Delia Everett | 28337 Mango Drive        | <input type="checkbox"/> Add               |
|              |               | Bonita Springs, FL 34134 | <input type="checkbox"/> Remove            |
|              |               |                          | <input checked="" type="checkbox"/> Change |
|              |               |                          | <input type="checkbox"/> Add               |
|              |               |                          | <input type="checkbox"/> Remove            |
|              |               |                          | <input type="checkbox"/> Change            |
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

Signature of a member or authorized representative of a member

Victor Dimas

Typed or printed name of signee