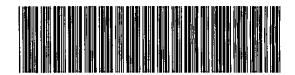
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COVER LETTER

TO:	Registration Division of	n Section Corporations	•	Y .
		ore Wealth Management, LLC		
SUBJE	UI:	Name of Limite	ed Liability Company	
The encl	osed Articles	s of Amendment and fee(s) are subm	itted for filing.	
Please re	eturn all corre	espondence concerning this matter to	the following:	
		Nicholas V. Pulignano, Jr.		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	<u> </u>
		Marks Gray, P.A.		
			Firm/Company	
		1200 Riverplace Blvd. Suite	800	
			Address	
		Jacvksonville, FL 32207		
			City/State and Zip Code	
		nvp@marksgray.com		
		E-mail address: (to	be used for future annual report not	ification)
For furth	er information	on concerning this matter, please call	:	
Nicholas	s V. Pulignan	no, Jr.	904 807-2105 at ()	
	Nar	me of Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check fo	or the following amount:		
\$25.	00 Filing Fee	e \$30.00 Firing 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

Oa	ikshore Wealth Manage	ement, LLC	
(Name of the Limited (A	Liability Company as it n Florida Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited Liab	oility Company were fil	ed on August 8, 2016	and assigned
Florida document number L16000147650	·············•		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liability con	npany here:	
Oakshore Partners, LLC			
The new name must be distinguishable and contain the word	ds "Limited Liability Compa	any," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ala:		
	•		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable:	***************************************		
(Mailing address MAY BE A POST OFFICE BO	OX)		2
			7
B. If amending the registered agent and/or	registered office add	dress on our resords e	nter the names of the ne
registered agent and/or the new registered office		aress on our records, e	
			9
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			25, 26 ,
New Registered Office Address.		Enter Florida street address	
	City	, Florid	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>	Address	Type of Action			
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			□ Remove			
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etive date, if other than the effective date is listed, the date in this ment's effective date on the	nust be specific a block does no	and cannot be proof the app	licable statuto	ing or more than ry filing requir	90 days afte	ional) er filing.) P	ursuant i	to 605.0
record specifies a delay The 90th day after the re			not an effec	ctive time, a	t 12:01	a.m. or	the e	arlie
December 12		2016	•					
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Page 3 of 3

Filing Fee: \$25.00