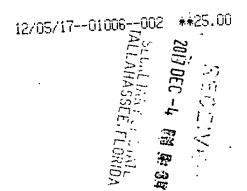
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BELIARIARY OF STATE
FALLAHASSEE, FLORIDA

D. SCOTT DEC 6 2017

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: OFFShore Danks LLC Name of Limited Liability Company	
The en	losed Articles of Amendment and fee(s) are submitted for filing.	
Please	eturn all correspondence concerning this matter to the following:	
	William V. DANtroub Name of Person	
	OFFShor Naples LLC Firm/Company	
	10082 Vanderlött Orive	
	Address	
	Naples FL 34108 City/State and Zip Code 1	
	City/State and Zip Code Off Shore Naples LLC (Imail: com E-mail address: (to be used for future annual report obtification)	Ä
For fur	her information concerning this matter please call:	77
	Villam V. D'ANTONO at (239) 7269 572850 N Name of Person Area Code Daytime Telephone Number 55	J
П	ed is a check for the following amount: 00 Filing Fee \$\begin{array}{c} \$30.00 \text{ Filing Fee & Certificate of Status} \\ \begin{array}{c} \$Certificate of Status & Certified Copy & Certificate of Status & Certified Copy & Certified Copy & Certificate of Status & Certified Copy & Certificate of Status & Certified Copy & Cer	

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 AMÉNDMENT TO ARTICLES OF ORGANIZATION OF

OFF Shore Naples L (Name of the Limited Liability Compan	<u>LC</u>
records.) (A Florida I	y as it now appears on our Limited Liability Company)
The Articles of Organization for this Limited Liability Company visiting document number £17000100534.	were filed on C5 05 17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.G."
Enter new principal offices address, if applicable:	10082 Vanderhilt Drive
(Principal office address MUST BE A STREET ADDRESS)	Nuples EC 34(08
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here	10082 VG dero 100 TO TO TO TO TO TO THE Name of the new est
	9
Name of New Registered Agent:	
New Registered Office Address: 10082 \	Enter Florida street address
Naple	5, Florida 34108
N. D. Lee and G. C.	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> Name <u>Address</u> **Type of Action** __ Change _□ Add _□ Remove Change Add Remove

_ Change

fective date, if other than the date of filing: an effective date, if other than the date of filing: (optional)		· Address Change				
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Signature of a member or authorized representative of a member	The 9	November 28, 2	017			
Signature of a member or authorized representative of a member	The 9	November 28, 2	017			
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Page 3 of 3

Filing Fee: \$25.00