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12/05/17--01016--002 **25.00

SECRETARY OF JUNIE

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TO:	Registration Section Division of Corporations	-		
~	Division of Corporations	\bigcirc		
SUBJE	ct: <u>Onshore</u>	(noperti	F Doluctions	LLC
	Name of Li	mited Liability Company.	/	

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

Please return all correspondence concerning this matter to the following:

Diana L. Weicer Name of Person hshore Boperty Solictions 2400 SE Veterans Menorial Accel P.S.L. FL 349.52 <u>AlWiecelestate (e) anail.com</u> E-mail address: 110 be used for huture annual report notification)

For further information concerning this matter, please call:

<u>LCCICCC</u> at (<u>561</u>) <u>308 - 1478</u> Area Code Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

🛛 \$25.00 Filing Fee

S30.00 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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OF	
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Unshore Froper	rtz/ Solutions LLC vasilynow appears on our records.) ability Company)
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it/now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	7/24/2017
The Articles of Organization for this Limited Liability Company v L_{1} L_{2} $L_$	vere filed on and assigned
Florida document number <u> </u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	🗢 🍜 (i)
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
<u>, , , , , , , , , , , , , , , , , , , </u>	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
··	City Zap 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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
M <u>GRM</u>	Diana L. Welcer	2400 SE Veterans Memoria P.S.L. 71 34952	<u>22</u> □ Add (209) #208 □ Remove
MGRM	Natasha Hall	<u>2400 SE Veterans Memo</u> PKu P.S.L. FL 34952	$ \begin{array}{c} & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & & \\ & & & & \\ & & & & \\ $
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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	<u>11/27</u> . 2017
	Fiana L'éleca
	Signature of a member or authorized representative of a member
	Diana L. Welcer
	Typed or printed name of signee

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Filing Fee: \$25.00