## 118000091521

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## **COVER LETTER**

TO: Registration Sec Division of Corp				
	SH PARTNERS, LLC			
SUBJECT:	Name of Limit	ted Liability Company	18170	
	Amendment and fee(s) are subm			
Please return all correspon	ndence concerning this matter t	o the following:		
	ALEX GILLEN			
		Name of Person		•
	ALEX GILLEN, ATTORY	NEY AT LAW		2
		Firm/Company	<u> </u>	. 774 . 120. 14.00.
	PO BOX 777			2024 APR -8 SECRETARN
		Address		-8 P
	STUART FLORIDA 3499	25		PM II: 35
		City/State and Zip Code		ा शिला स् विक्रा
	ALEX.GILLEN@GILLEN.	COM	8	一計一等
		to be used for future annual report notif	neaction)	
For further information c	oncerning this matter, please ca			
ALEX GILLEN		772 774-7781 at ()	W. L. L. Marshay	
Name o	of Person	Area Code Daytim	e Telephone Numbe	.1
Enclosed is a check for t	he following amount:			
	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Addre Registration		Street Address: Registration Se		
Division of C	Corporations	Division of Co The Centre of	rporations Fallahassee	
P.O. Box 63 Tallahassee.		2415 N. Monro		810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLD MARSH PARTNERS, LLC			
(Name of the Limi	ted Liability Compan (A Florida Limited Li	y as it now appears on or ability Company)	ur records.)
<del>-</del>	iability Company v	were filed on <u>04/11/20</u>	and assigned
	owing:		
(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 the ILI8000091521  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 "LLC."  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  PO BOX 1023 HOBE SOUND, FL 33472.US - 7  Solution and the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered address here:  Name of New Registered Agent:  New Registered Office Address:  SCHMIDT, HENRY E  New Registered Office Address:  SCHMIDT, HENRY E  New Registered Office Address:  SCHMIDT, HENRY E  10 SE CARDINAL WAY  Enter Florida street address			
The new name must be distinguishable and contain the v	vords "Limited Liabilit	ty Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	310 SE CARDINA	AL WAY, STUART, FL 34996 US
Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>		TALC IF
iter new mailing address, if applicable: <u>Jailing address MAY BE A POST OFFICE BOX)</u>			DBE SOUND, FL 33975 US TO TO THE STATE OF TH
		auress on our record	s, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	SCHMIDT, HE	ENRY E	
New Registered Office Address:	310 SE CARD	INAL WAY	
		Enter Florida stre	et address
	STUART		Florida 34996
		Cuiv	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
AMBR	SCHMIDT, HENRY E	310 SE CARDINAL WAY, STUART, FL 34996	🗓 Add
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an effective date is li	sted, the date must be serted in this block	specific and	d cannot be pr	ior to date of	filing or more t	han 90 days a	p <b>tional)</b> Her filing.) P	ursuant te	5 605.020
ocument's effectiv	e date on the Depa	rtment of 5	State's recor	ds.	nory timig re	quirements.	iiis date w	iii not be	r iisied a
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