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SECRETARY OF STATE

J. BRYAN

DEC 1 1 2009

EXAMINER

COVER LETTER

TO:

TO: Registration Division of C				
SUBJECT:	HIGH TIDE (HIGH TIDE CUSTOM TRIM LLC		
		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corres	pondence concerning this matter	r to the following:		
		WILLIAM G. WALL		
		Name of Person		
	HIG	H TIDE CUSTOM TRIM		
		Firm/Company		
	;	2060 E. HATTON ST		
		Address		
	Þ	ENSACOLA FL 32503		SECT SECT
		City/State and Zip Code		ARE TO
	S P. mail addrawa	hhc50@bellsouth.net to be used for future annual report notifice	Man'	DEC TO PH T
For further information	concerning this matter, please of		niony	SECRETARY OF STATE
· · · · · · · · · · · · · · · · · · ·	LIAM G. WALL	ar ()	01-5051	
Name	of Person	Area Code & Daytime	l'elephone 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)	Certified	te of Status &
Regis Divis P.O.	LING ADDRESS: stration Section strontion of Corporations Box 6327. hassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HIGH TIDE CUSTOM TRIM		
(<u>Name of th</u>	e Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.	
The Articles of Organization for this I	Limited Liability Company were filed on _	MAY 2 2007	and assigned
Florida document numberL0	7000046318		
This amendment is submitted to amer	nd the following:		
A. If amending name, enter the new	w name of the limited liability company l	<u>aere</u> :	
The new name must be distinguishable a "L.L.C."	and end with the words "Limited Liability Con	npany," the designation "LI	.C" or the abbreviatio
Enter new principal offices address	, if applicable:		·
(Principal office address MUST BE	A STREET ADDRESS)	77	2 21 11 −
Enter new mailing address, if applie		HASSEF, FLORIO	CIO PM 1: 16
B. If amending the registered ag registered agent and/or the new reg	ent and/or registered office address of istered office address here:	our records, <u>enter th</u>	e name of the nev
Name of New Registered Ag	gent:		
New Registered Office Add		Enter Florida street addr	25.5
			
	City	, Florida	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** Name **Address Type of Action MGRM GREG BROCK** 2060 E. HATTON ST _ Add PENSACOLA FL 32503 ✓ Remove STEVE TRUESDALE MGRM 2060 E. HATTON ST PENSACOLA FL 32503 ✓ Remove **MGRM** MIKE MIELCZARSKI 2060 E. HATTON ST _V Add PENSACOLA FL 32503 Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____ DEC 9 2009 WILLIAM G WALL
Typed or printed name of signee

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Filing Fee: \$25.00