L07000046318

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Amend

SEP 0 9 2019

COVER LETTER

Registration Section
Division of Corporations

TO:

HIGH TIE SUBJECT:	E CUSTOM TRIM LLC				
SUBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresponder	ondence concerning this matter	to the following:			
	WILLIAM G. WALL				
	HIGH TIDE CUSTOM TE	Name of Person			
		Firm/Company	<u>-</u>		
	2060 E. HATTON ST				
	PENSACOLA, FLORIDA	Address 32503			
	shhc50@bellsouth.nct	City/State and Zip Code	<u></u>		
		to be used for future annual report no	tification)		
	concerning this matter, please c				
WILLIAM G. WALL		850 501-5051 at ()			
Name (of Person	Area Code Daytii	me Telephone Number		
Enclosed is a check for t	he following amount				
■ \$25.00 Filing Fee	☐ \$30.00 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		STREET/COURIER ADDRESS: Registration Section Division of Corporations			
P.O. B	lox 6327 assee, FL 32314	Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIGH TIDE CUSTOM TRIM LLC

(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 $\underline{\text{MAY 2 } 2007}$ and assigned Florida document number L07000046318 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the 1 registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	DARREL ALLEN	2060 E. HATTON ST PENSACOLA FL 32503	
			Remove
			Change
	 		Add
			Remove
			Change
			_ □ Add
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Add
			_ □ Венюче
			☐ Change
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			☐ Remove
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Note: If the da	e, if other than to the is listed, the date mate inserted in this fective date on the	block does not n	neet the applicat	date of filing or n le statutory filin	(0 nore than 90 days and requirements,	p tional) after filing.) Pursuan , this date will not	t to 605.0207 (3 be listed as the
the record sp) The 90th o	ecifies a delay day after the r	ed effective d ecord is filed.	ate, but not	an effective	time, at 12:0)1 a.m. on the	earlier of:
Dated AUGUS	ST 26	,	2019	_•			
	William	Signature of a r	nember or author	zed representative	e of a member		
	LLIAM G. WALI						
	JUMNI G. WALL	-	Typed or printed	name of signer			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00