

LO9000068112

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000189760 3))



H090001897603ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
 Account Number : 072450003255  
 Phone : (305)634-3694  
 Fax Number : (305)633-9696

FILED  
09 AUG 26 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TIDES 1F, LLC

RECEIVED  
09 AUG 26 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

J. BRYAN

AUG 27 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

③ H09000189760

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
09 AUG 26 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TIDES 1F, 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 07/15/2009 and assigned  
Florida document number L09000068112

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TIDES 15N, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 3801 S. OCEAN DR.  
*(Principal office address MUST BE A STREET ADDRESS)* UNIT 15N  
HOLLYWOOD FL 33019

Enter new mailing address, if applicable: 3801 S. OCEAN DR.  
*(Mailing address MAY BE A POST OFFICE BOX)* UNIT 15N  
HOLLYWOOD FL 33019

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
*Enter Florida street address*  
\_\_\_\_\_, Florida \_\_\_\_\_  
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 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

H09000189760

H09000184760

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
09 AUG 26 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

John Curran JCA  
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

H09000189760

H09000189760