| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |

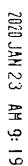
Office Use Only



500339555485

01/23/20--01012--010 **25.00

S TALLENT FEB 2 0 2020



COVER LETTER

| | ration Section n of Corporations | · |
|---------------------|---|--|
| SUBJECT: | High Tide Pool Managen Name of Limited Liability Company | nent LLC |
| The enclosed Arti | ticles of Amendment and fee(s) are submitted for filing. | |
| Please return all c | correspondence concerning this matter to the following: | |
| | Sasha Sell Name of Person | |
| | Firm/Company | |
| | 11085 Sunnydale Ave | <u> </u> |
| | Englewood FL 3 City/State and Zip Code Sasha Sells 941@ am E-mail address: (to be used for future annual rep | 34224 ail.com |
| For further inform | mation concerning this matter, please call: | |
| Sas | · · · · · · · · · · · · · · · · · · · | 24 - 8686 Daytime Telephone Number |
| Enclosed is a chec | eck for the following amount: | |
| \$25.00 Filing | ng Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclose | Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| High Tide Pool (A Florida Limited Liability Compa | Management LLC (ny as it now applears on our records.) Chability Company) |
|--|---|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L1300003318</u> . | were filed on $1/7/13$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab Sasha Sell Design The new name must be distinguishable and contain the words "Limited Liabil | LLC. |
| Enter new principal offices address, if applicable: | 11085 Sungdale Ave |
| (Principal office address MUST BE A STREET ADDRESS) | Englewood FUL 34224: \$ 77 |
| Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> | 11085 Sunnydale Ave Englewood FC 34224 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: 1085 Su | Moydale Aue Enter Florida street address |
| Englei | 100xl . Florida 34224 |
| Ž | 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 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 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 |
|--------------|------------------|---------------------|----------------|
| <u>MGR</u> M | Christopher Sell | 10437 Tidwell St | □Add |
| | | North Port FL 34291 | Remove |
| | | | |
| | | | |
| | | | 🗀 Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | □ Change |

| (If an e <u>Note:</u> | tive date, if other than the date of filing: |
|--------------------------|---|
| T the reco | ord 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 filed. |
| Dated | January 19 . 2020. |
| | Signature of a member or authorized representative of a member |
| | |

Filing Fee: \$25.00