

L10000 058 733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

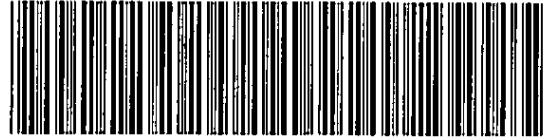
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 SEP 16 AM 10:46

SEP 16 2019
FALLS CHURCH, VA

SULKER

SEP 19 2019

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2019

HIGH TIDE GALLERY LLC
850 ANASTASIA BLVD
ST AUGUSTINE, FL 32080

SUBJECT: HIGH TIDE GALLERY LLC
Ref. Number: L10000058733

We have received your document for HIGH TIDE GALLERY LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only have one Registered Agent

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 919A00018408

RECEIVED
2019 SEP 16 AM 10:09

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

High Tide Gallery, 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 June 2nd, 2010 and assigned Florida document number L10000058733.

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Wayne McNees

New Registered Office Address:

850 Anastasia Blvd.

Enter Florida street address

Saint Augustine

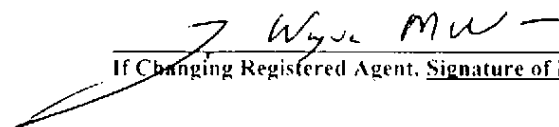
City

Florida 32080-4662

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|---------------------------------|--|
| MGR | Aimee K. Wiles-Banion | 2586 Usina Street | <input type="checkbox"/> Add |
| | | Saint Augustine, Florida 32084 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Wayne McNees | 533 Dandelion Drive | <input checked="" type="checkbox"/> Add |
| | | Saint Johns, Florida 32259-4396 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Sherry McNees | 533 Dandelion Drive | <input checked="" type="checkbox"/> Add |
| | | Saint Johns, Florida 32259-4396 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 16th, 2019

Typed or printed name of signee