

L12000010657

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : RE-MMAP INC
Account Number : I2C110000080
Phone : (561) 623-0241
Fax Number : (561) 953-0089

FILED
13 MAR -5 PM 8:39
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INFO@RE-MMAP.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

2021 TIDEWATER COURT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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K. SALY
EXAMINER
MAR 6 - 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **2021 TIDEWATER COURT LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HUBERT MCINTOSH

Name of Person

RE-MMAP INC

Firm/Company

4500 BELVEDERE ROAD, SUITE A-3

Address

WEST PALM BEACH, FL 33415

City/State and Zip Code

INFO@RE-MMAP.COM

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

HUBERT MCINTOSH

Name of Person

at (**561**) **623-0241**

Area Code & Daytime Telephone 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

2021 TIDEWATER COURT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
13 MAR -5 AM 8:39
HALL COUNTY CLERK
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/23/2012 and assigned Florida document number L12000010657.

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 end with 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)

4500 BELVEDERE ROAD, SUITE A-3
WEST PALM BEACH, FL 33415 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4500 BELVEDERE ROAD, SUITE A-3
WEST PALM BEACH, FL 33415 US

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:

RE-MMAP INC

New Registered Office Address:

4500 BELVEDERE ROAD, SUITE A-3

Enter Florida street address

WEST PALM BEACH

Florida 33415

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.

Robert Mcintosh

CFO

If Changing Registered Agent, Signature of New Registered Agent

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

Dated _____, _____.



Signature of a member or authorized representative of a member

SYLVIA ROSALES

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00