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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RE-MMAP INC Account Number: I20110000080 : (561)623-0241 : (561)953-0089 Fax Number

\*\*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

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K. SALY EXAMINER

3/4/2013 4:52 PN

From: Sylvia Rosales

Fax. (561) 227-9647

To:

Fax: +1 (850) 617-6383

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## **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

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

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**

at (561)623-0241

Area Code & Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status U\$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

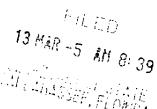
From: Sylvia Rosales

Fax: (661) 227-9647

Fax: +1 (850) 617-6383

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



To;

2021 TIDEWATER COURT	LLC		TEORIO A		
(Name of the Limited L (A F	jability Compan lorida Limited Li	y as it now appears on ou ability Company)	r records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L12000010657</u>	bility Company	were filed on 01/23/20	12 and assigned		
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		4500 BELVEDERE ROAD, SUITE A-3			
(Principal office address MUST BE A STREET		WEST PALM BEA	CH, FL 33415 US		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>0x)</u>		E ROAD, SUITE A-3 CH, FL 33415 US		
B. If amending the registered agent and/or registered agent and/or the new registered offi			cords, enter the name of the new		
Name of New Registered Agent:	RE-MMAP	INC			
New Registered Office Address:	4500 BELV	EDERE ROAD, SUI	TE A-3		
		rida street address			
	WEST PAL	M BEACH	_, Florida <u>33415</u>		
		City	Zip Code		
New Registered Agent's Signature, if changing Re	egistered Agent:				
I hereby accept the appointment as registered the provisions of all statutes relative to the pro- accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this c	oper and comp tered agent as p egistered office	lete performance of my provided for in Chapter address, I hereby confi	duties, and I am familiar with and 608, F.S. Or, if this document is		

Olubit f Wie In Easter CFO

If Changing Registered Agent, Signature of New Registered Agent

From:	Sylvia	Rosales

Fax: (561) 227-9647

Fax: +1 (850) 617-6383

To:

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

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			·		
			Add		
			Remove		
			Add		
		***************************************	Remove		
			Remove		
			Add		
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			Add		
			Remove		

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Filing Fee: \$25.00