Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: LAW OFFICES OF MICHAEL J. HEATH P.A. Account Name

Account Number : I20220000063 : (727)360-2771 Fax Number : (727)475-5323

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

Email Address: t. CIESIEISKI @ Warsaw

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMBER TIDES LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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1. C. E. P. M. 25 202 Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| Mema of the Umbod Linbid | r Tides LLC | on our records.) |
|---|---|--|
| (A Florida | Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C | company were filed on | 1-11-2013 and assigned |
| Florida document numberL1300001008 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ited liability company her | \$: |
| The new same must be distinguishable and contain the words "Um | ited Linbillty Company," the de- | ignation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | (ESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Meiling address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our re | ords, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florid | क म्हण्डा क्रोतिकार - |
| | O try | , Florida |
| New Registered Arent's Signature, if changing Registere | • | sy cur |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered at being filed to merely reflect a change in the registere company has been notified in writing of this change. | and agree to act in this co omplete performance of n gent as provided for in Cl and office address, I hereby | y duties, and I am familiar with and apter 605, F.S. Or, if this document is |
| | If Chettging Registered Age | it, Signature of New Registered Agen) |

If smending 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

| Title | Name | Address | Type of Action |
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