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(Requestor's Name)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
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Continue of Status	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
E & I. Re	eal Estate LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	High Tide Holdings Florid	a	
		Name of Person	
		Firm/Company	
	7901 4th street North suite		
		Address	
	St Petersburg, FL 33702		
		City/State and Zip Code	
	lidoleaves@gmail.com	to be used for future annual report not	(Constant)
For further information c	oncerning this matter, please c		incation
		at ( )	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Davistration		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	27	The Centre of	Fallahassee be Street, Suite 810
Tatlahassee, FL 32314		Z#TO IN, MIONIC	in pricer, paricially

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

E&L Real Estate, 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 \_\_\_\_\_\_07/06/2015 and assigned

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liab	oility company herg:
Lido, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	7901 4th street North suite 13201
	St Petersburg, FL 33702
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7901 4th street North suite 13201
	St Petersburg, FL 33702

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:

New Registered Office Address:

, Florida\_33

## 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>	Name	Address	Type of Action
Атьг	High Tide Hddings Florida	7901 4th street North suite 13201	
		St Petersburg, FL 33702	□Remove
			□Change
Ambr	Lawrence Brooke	11244 Rigister Farm Road	□Add
			■Remove
		Tallahassee, FL 32305	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
,	5. y. z. *	
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1 · · ·	(optional)  and the date of Filing:  and against the specific in Leanth of course of hing or nore than 90 days after filing. (Pursuant to 60): 020  and this block does not in 10 one or, wealth statutory. This propurements, this date with not be listed at the date on the Department of 200 controls.	he
If the record is f	ad specifies a delayed effective date, but it is merfective time at $\Omega$ Disconsor for earlier of, $(\mathbf{b}_{k})$ The $90\mathbf{c}_{k}$ affiliation.	
Dated	March 6 20.3	
	Signature of a crook it or author and representative or a usember	
	C Stiff  And is granted rame of signer	

Filing Sec: \$25.00