L150000204774

(Requestor's Name)
(Address)
(Acdress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Decument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



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05/07/21--01012--002 **25.00

321 HAY -7 Alt 8: 56

2021 MAY - 7 PM 1:5

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O SIMMONS MAY 1 0 2021

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TIDEWATER HOLDINGS, LLC	
	<u></u>
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search Fictitious Owner Search
Signature	· · · · · · · · · · · · · · · · · · ·
	Vehicle Search
	Driving Record
Requested by: SETH	UCC or 3 File
Name Date Time	UCC 11 Search
Will Disk Ha	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO:	Registration Se Division of Cor	ection porations			
SUBJEC	Tidewater I	Holdings, LLC			
30000		Name of Lin	nited Liability Company		
The sool	عددادته فسما	A 1 1.0			
		Amendment and fee(s) are sub indence concerning this matter	•		
	un vorrespo	moence concerning this matter	to the following:		
		Conrad J. Boyle, Esquire			
			Name of Person	·	
		Mombach, Boyle, Hardin	& Simmons, P.A.		
			Firm/Company		
		100 NE Third Avenue, Su	ite 1000		
			Address		
		Fort Lauderdale, FL 3330	1		
			City/State and Zip Code		
		cboyle@mbhlawyer.com			
Con final	i- f :		to be used for future annual	report notification)	
		oncerning this matter, please c	all;		
Conrad J	I. Boyle		954 467 at ()	7-2200	
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed	is a check for th	e following amount:			
	00 Filing Fee		S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
]]	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Division The Cer	Idress: ution Section of Corporation of Callahas Monroe Street	see

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ----OF

2821 MAY -7 AM 8: 57

If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now apper liability Company)	ars on our records.)		
The Articles of Organization for this Limited L Florida document number <u>L15000204774</u>	iability Company	were filed on D	ecember 8, 2015	and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company h	<u>iere</u> :		
The new name must be distinguishable and contain the w	vords "Limited Liabil	ity Company," the	designation "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applic	able:	1800 West Bro	oward Blvd		
(Principal office address MUST BE A STREE	T ADDRESS)	Fort Lauderdal	e, FL 33312		
Enter new mailing address, if applicable:		1800 West Broward Blvd.			
(Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	Fort Lauderdale, FL 33312			
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office a ss here:	iddress on our i	records, enter the nam	e of the new registered	
Name of New Registered Agent:	Conrad J. Boyle	e, Esquire			
New Registered Office Address:	Mombach, Boy	le, Hardin & Sim	mons, P.A., 100 NE 3 Av	'e, #1000	
			Enter Florido street address		
	Fort Lauderdale		, Florida <u>33</u>	301	
New Registered Agent's Signature, if changing I	Ingisternal Agast.	City		Zip Code	
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	d agent and agreer and complete stered agent as pregistered office	performance o _j provided for in (f my duties, and 1 am f Chapter 605, F.S. Or, by confirm that the lin	familiar with and if this document is	

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

2021 244 -7 148 8: 57

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Benjamin R. Marks	4131 NE 16th Ave	
		Ft Lauderdale, FL 33334	_
		1800 West Broward Blvd	
MGR	Goran Dragoslavic	Fort Lauderdale, FL 33312	⊟Add
			□Remove
			Change
			DAdd
			□Remove
			Change
		-	D'Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
		-	□Remove
			□ Change

Effective date, if other than the date of filing: (If an effective date, if settly the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the roord is filed. Dated May 6 Nignature of a northego (pathorized representative of a member) Signature of a northego (pathorized representative of a member)		3821 HAY -7	AH 8: 57
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Dated May 6 Signature of a member of authorized representative of a member			
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Signature of a member of amember of a member	ord is filed.		•
Signature of a member of amember of a member	David May 6 2021	2	
	Dated	<u>/</u>	
	Lew y &		
Conrad 1 Boyle	Signature of a member of au	horized representative of a member	 -
	Conrad J. Boyle		

Filing Fee: \$25.00

COVER LETTER

TO: F	Registration Se Division of Cor	ection porations		
SUBJEC	Tidewater I	Holdings, LLC		
SOBJEC	·	Name of Lin	nited Liability Company	
The audio	م درانده است			,
		Amendment and fee(s) are sul		
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Conrad J. Boyle, Esquire		
			Name of Person	
		Mombach, Boyle, Hardin	& Simmons, P.A.	
			Firm/Company	
		100 NE Third Avenue, Su	tite 1000	
			Address	
		Fort Lauderdale, FL 3330)1	
			City/State and Zip Code	
		cboyle@mbhlawyer.com	to be used for future annual report noti	
For further	information co	oncerning this matter, please c		fication)
Conrad J.		moerning this matter, picase c		
Comad J.	-	<u> </u>	954 467-2200 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is	s a check for th	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ro D P.	ailing Address egistration S ivision of Co O. Box 6327 allahassee, F	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee Street, Suite 810