

L15000 209776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

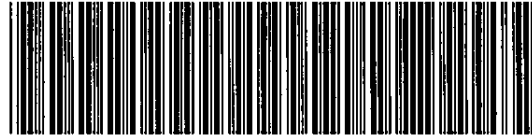
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 26 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLLY TIDES 24 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:

MARINA KESSLER

Name of Person

Firm/Company

19370 COLLINS AVE CUB

Address

SUNNY ISLES BEACH FL 33160

City/State and Zip Code

MARINA.KESSLER@GYNL.COM

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

For further information concerning this matter, please call:

MARINA KESSLER

Name of Person

at (305) 321 0061

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

TO
ARTICLES OF ORGANIZATION
OF

HOLLY TIDES 2H 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 12/17/2015 and assigned
Florida document number L15000209776

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 contain 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)

19370 COLLINS AVE CUD
SUNNY ISLES BEACH FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

90 LUMER PROPERTY MANAGEMENT
19370 COLLINS AVE CUD
SUNNY ISLES BEACH FL 33160

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:

Enter Florida street address

_____, Florida

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 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 Changing Registered Agent, Signature of New Registered Agent

SECRET
JUL 25 12:29
STATE
FLORIDA

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PINK ROSES LLC	2655 LE JEUNE RD PHID	<input type="checkbox"/> Add
		CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PITICOPU LLC	19370 COLLINS AVE CUS	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUL 25 2:25 PM '06

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated JULY 19, 2016.



Signature of a member or authorized representative of a member

YULIANA KESSLER

Typed or printed name of signee

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6 JUL 25 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA