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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 : (561)214-8442 Fax Number

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Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIKI TRUSTEE LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our ed Liability Company)	records.)
the Articles of Organization for this Limited Liability Comparing document number <u>L16000148801</u> .	any were filed on <u>08/10/2016</u>	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited 1	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020 NO
Principal office address MUST BE A STREET ADDRESS	2	0 1
		form
Enter new mailing address, if applicable:		• • •
Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office and/or the new registered office address here:  Name of New Registered Agent:	ice address on our records	, enter the name of the new register
New Registered Office Address:	Enter Florida stre	et address
		, Florida Zip Code
	City	Zip Code

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
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			DRemove
			□ Remove
			DAdd III
			ORemove
			□ Change
			DAdd
			□ Remove
			□Change
			□Add
			□ Петоче
			☐ Change

Trust Company Act (Chapter 662, Florida Statutes). The company will not offer its services to the general public.	
The articles of organization wil	Il not be amended without prior written notice to the Florida Office
of Financial Regulation.	
	<u> </u>
	2020 MO Y
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	## 10:
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tive date, if other than the diffective date is listed, the date must.  If the date inserted in this blocment's effective date on the Department.	date of filing:
ord specifies a delayed effective filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
d November 17	2020
/s/ Caitlin Lazaru	JS Signature of a member or authorized representative of a member

Filing Fee: \$25.00