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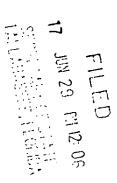
(Re	equestor's Name)	·
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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D. SCOTT JUL 5 2017

COVER LETTER

	ision of Cor					
SHRIFCT:	Tidewater I	Engineering Solutions LLC				
		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Josh Newton				
			Name of Person		_	
		Tidewater Engineering Sol	utions, LLC			
			Firm/Company	<u>.</u>	-	
		108 Concert Court				
			Address		-	
Freeport, FL 32439						
			City/State and Zip Code		-	
		newton.joshuac@gmail.con	to be used for future annual re	exact matition from		
For further i	nformation c	concerning this matter, please co		por normalion)		
Joshua C. N	ewton		205 8268 at ()			
	Name o	r Person	Area Code	Daytime Telephone Numbe	r	
Enclosed is a	a check for th	he following amount:				
□ \$25.00 H	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifica (sed) Certified	ate of Status &	
		ING ADDRESS:		COURIER ADDRESS:	JEN 29	7 = 77
Registration Section Division of Corporations				f Corporations		J
		ox 6327 assee, FL 32314		ilding utive Center Circle e, FL 32301	12 CS	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Tidewater Engineering Solutions LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		and assigned
Florida document number L16000163084		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
Tidewater Tailgating LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET /	ADDRESS)	
B. If amending the registered agent and/or registered agent and/or the new registered office		the name of the new
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		F11_7
		20 TT
	Enter Florida street address, Florida	Zip Code-7

If Changing Registered Agent, Signature of New Registered Agent

If amendi or remove	ing Authorized Person(s) authorized to ed from our records;	manage, enter the title, name, an	d address of each person being added
MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
			□ Remove
			Change
			
		-	□ Remove
			☐ Change
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<u>ote:</u> If the		his block does no	ot meet the appl	icable statutory fi	r more than 90 days af ling requirements, t		
	spe cifies a del h day after the			not an effectiv	e time, at 12:01	l a.m. on the	earlier of
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Typed or printed name of signee

Filing Fee: \$25.00