

**L17000070309**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

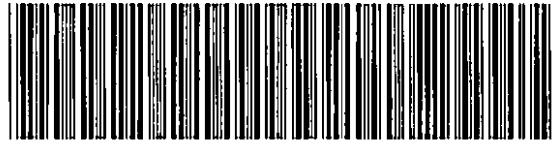
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 DEC 28 PM 12:16

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FEB 1 2018  
CLERK OF COURT

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: High Tide Services & Consulting 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:

Isis Isabel  
Name of Person

H & I Tax  
Firm/Company

1860 N Pine Island Rd suite 109  
Address

Plantation FL 33322  
City/State and Zip Code

IsisTax@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isis Isabel at (954) 600 5801  
Name of Person 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

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

High Tide Services & Consulting LLC

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

17 DEC 28 PM 12:16

FILED IN  
TALLAHASSEE  
COUNTY  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/28/2017 and assigned  
Florida document number 217000040309

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 "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

945 NE 19 AVE  
Fort Lauderdale  
FL 33304

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

945 NE 19 AVE  
Fort Lauderdale  
FL 33304

**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:

Isis Isabel

New Registered Office Address:

1800 N Pine Island Rd Suite 109

Enter Florida street address

Plantation

City

Florida

33322

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**

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

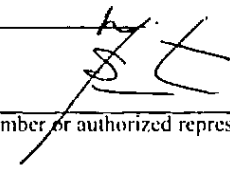
Remove Silvia E Raffaini  
201 S Biscayne Blvd  
STE 905 Miami FL 33131

Add: Spotozuo, Marcelo  
2030 S Ocean Dr Suite 801  
Hallandale Beach FL 33009

E. Effective date, if other than the date of filing: 09/30/2017 (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 09/30/2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Marcelo Spotozuo  
\_\_\_\_\_  
Typed or printed name of signer

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> | <u>Name</u>        | <u>Address</u>         | <u>Type of Action</u>                      |
|--------------|--------------------|------------------------|--|
| MGR          | RAFFAINI SILVIA E  | 201 S Biscayne Blvd    | <input type="checkbox"/> Add               |
|              |                    | STE 905 Miami FL 33131 | <input checked="" type="checkbox"/> Remove |
|              |                    |                        | <input type="checkbox"/> Change            |
| MGR          | Spotozoo, Marcelos | 2030 S Ocean Dr Suite  | <input checked="" type="checkbox"/> Add    |
|              |                    | 801 Hallandale Beach   | <input type="checkbox"/> Remove            |
|              |                    | FL 33009               | <input type="checkbox"/> Change            |
|              |                    |                        | <input type="checkbox"/> Add               |
|              |                    |                        | <input type="checkbox"/> Remove            |
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