## 117000131988

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
4015		

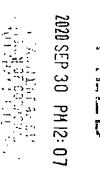
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RECEIVED
JUL 1 4 2020



SEP 3 0 2020 S. YOUNG



August 25, 2020

MICHAEL FISHER HIGH TIDE HOME INSPECTIONS LLC 4524 NASSAU ROAD BRADENTON, FL 34210

SUBJECT: HIGH TIDE HOME INSPECTIONS LLC

Ref. Number: L17000131988

We have received your document for HIGH TIDE HOME INSPECTIONS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 820A00016231

Shelia H Young Regulatory Specialist II

www.sunbiz.org

O C DO DOUGGGE MULL OF

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
SUBJECT: High	Tide Home	Inspect	1025
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joan	<u>ra Furugly</u> a Name of Person	
		Trde Hone Ing	
	3211 53× 5	+ West Polnet	to Fl 37221
	_	Ho F 3	
		City/State and Zip Code  Lightide @ Code  to be used for future annual report noti	
For further information c	oncerning this matter, please ca	all:	
Joanne o	Furnyly as	at () Area Code Daytim	re Telephone Number
linclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	. I \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Se	
Division of C	•	Division of Cor The Centre of T	•
P.O. Box 632 Tallahassee 1			ramassee e Street, Suite 810

Tallahassec, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

High Tibe Hohe In	higactions ((c =
High Tirde Hohe In  (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L 17000131988</u> .	温まり
This amendment is submitted to amend the following:	2: 08
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	<i>A</i>
Enter new principal offices address, if applicable:	3211 53 × st E
(Principal office address MUST BE A STREET ADDRESS)	Palmetto, Fl 3422)
Enter new mailing address, if applicable:	3211 53×5+ E BumHo, Fr 34221
	B12-H. F1 34221
(Mailing address MAY BE A POST OFFICE BOX)	FACE ITO TO T
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:	
	as a Fundador
Name of New Registered Agent: 50 6	1 53 = st E
New Registered Office Address: 33)	
$\mathcal{Q}_{c}$ .	Enter Florida street address
	City Storida 37221

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.

Ganging Registered Agent. Signature of New Registered Agent

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 = A	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
hope	Fisher, Michael	05722 Nessan 5678	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Broketon FC 34210	
			Change
ALBR FISher, Dorothy	4532 Nassan Rd	□Add	
	Braulton, Fl 34210	!XRemove	
		Il Change	
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	<del>-</del> - <del></del>
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_	
_	
Effectiv	e date, if other than the date of filing:
Note: 1	tive date is fisted, 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docume	n's effective date on the Department of State's records.
ne record ord is tile	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 f.
Dated _	9/20/2020
	1 - 2
	Signature of a member or authorized representative of a member
	Joan Co Furugly Co Typed or printed name of signee