

L17000136254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

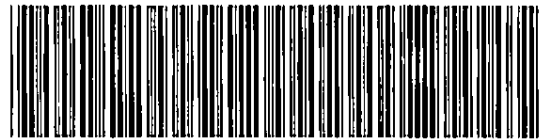
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18 SEP 24 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 24 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2018

MARYANN MAGUIRE
RIDING THE WAVES TREASURE COAST LLC
1668 SW BUCKSKIN TRAIL
STUART, FL 34997

SUBJECT: RIDING THE WAVES TREASURE COAST LLC
Ref. Number: L17000136254

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18 SEP 24 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for RIDING THE WAVES TREASURE COAST LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 718A00018032

RECEIVED
18 SEP 24 AM 10:27
SECRETARY OF STATE
TALLAHASSEE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RIDING THE WAVES TREASURE COAST 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:

MARYANN MAGUIRE

Name of Person

RIDING THE WAVES TREASURE COAST LLC

Firm/Company

1668 SW BUCKSKIN TRAIL

Address

STUART, FL 34997

City/State and Zip Code

maryann@ridingthewaves-tc.com

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

For further information concerning this matter, please call:

MARYANN MAGUIRE

Name of Person

at (

772)

Area Code

266 3763

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**

RIDING THE WAVES TREASURE COAST 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 06/22/2017 and assigned
Florida document number L17000136254.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARTIN N. DAKIS	2457 SE SAPPHIRE TERRACE PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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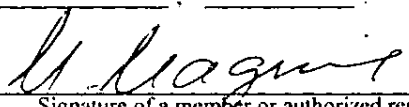
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TALLAHASSEE, FLORIDA
SECOND FLA. JUDICIAL CIRCUIT

Lined area for document content.

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TALLAHASSEE, FL 32304
SECRETARY OF STATE

E. Effective date, if other than the date of filing: 07/01/2018 (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.

f 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 08/22/2018


Signature of a member or authorized representative of a member

MARYANN MAGUIRE

Typed or printed name of signee