

W17000155130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

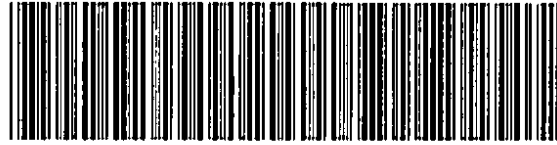
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2022 SEP 15 PM 4:39

9/21/2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lo Tide Jewelry 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:

Logan Potts
Name of Person
Lo Tide Jewelry LLC
Firm/Company
101 Bradley place suite 204
Address
Palm Beach FL, 33480
City/State and Zip Code
logan@logantay.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Logan Potts at 561 , 801-5528
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)

** My check was deposited on June 9th, 2022.*

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

*Attn: Claretha Golden
Regulatory Specialist II*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2022

LOGAN POOS
101 BRADLEY PLACE
SUITE 206
PALM BEACH, FL 33480

SUBJECT: LO TIDE JEWELRY, LLC
Ref. Number: L17000155130

We have received your document for LO TIDE JEWELRY, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct the date of incorporation/organization for the company.

The document must be signed by a member or an authorized representative of a member.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 822A00019160

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Lo Tide Jewelry LLC

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

2022 SEP 15 PM 4:39

SECY
TAI

FILE

The Articles of Organization for this Limited Liability Company were filed on 07/19/2017 and assigned
Florida document number L17000155130.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Logan Tray LLC

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)

101 Bradley place
Suite 206
Palm Beach FL, 33480

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

101 Bradley place
Suite 206
Palm Beach FL, 33480

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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