L17000179522

i:	1
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	M AIL
(Business Entity Name)	<u>+</u>
(Document Number)	T
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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TO NOV 17 PM 1:28

M. MILLIGAN NOV 22 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2017

TRANQUILITEA LLC 18 GLADES CIR LARGO, FL 33771

SUBJECT: TRANQUILITEA LLC Ref. Number: L17000179522

We have received your document for TRANQUILITEA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. 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) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 917A00020664

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TranquiliTea LLC	
Name of I	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Miguel Ga	Name of Person
	Name of Person
Tranquili	Firm/Company
19 (1. 1	Cir
18 Glades	Address
Lago, Ful	33771
	City/State and Zip Code
ranguili to	Linellas (2) amail. (om s: (to be used for future abnual report notification)
For further information concerning this matter, pleas	e call:
Manalanalez	310,497-8021
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	D \$55.00 Filing Fee & D \$60.00 Filing Fee
\$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status}	(additional copy is enclosed) 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
	Talialiassee, L J2301
2817 IRBV	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, L	and a
TranquiliTealLL	·C
0 (Name of the Limited Liz	ability Company as it now appears on our records.) orida Limited Liability Company)
<u>_</u>	6/33/2015
The Articles of Organization for this Limited Liabilit	
Florida document number L 17 600 1 7 9 5	200
This amendment is submitted to amend the following	2 2
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 "LI Con the abbreviation "L.L.C."
(Principal office address MUST BE A STREET AL	DDRESS) ~ (A
<u> </u>	
N	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	WA
B. If amending the registered agent and/or ro	egistered office address on our records, enter the name of the new
registered agent and/or the new registered office a	ddress here:
Name of New Registered Agent:	~ (A
New Registered Office Address:	
	Enter Florida street address
[]	NA Florida NA
	City Zip Code
New Registered Agent's Signature, if changing Regist	<u></u>
provisions of all statutes relative to the pro pe r an accept the obligations of my position as reg <mark>ist</mark> ered	ent and agree to act in this capacity. I further agree to comply with the d complete performance of my duties, and I am familiar with and d agent as provided for in Chapter 605, F.S. Or, if this document is tered office address, I hereby confirm that the limited liability ge.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	Authorized Person(s) authorized to ma	nage, enter the title, name, and address o	feach person_being added
MGR = Ma AMBR = Au	inager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Miguel Gonzalez	1861ades Cir	D ₹Add
		18 Glades Cir Lorgo, FL 33771	□ Remove
			Change
AMBR	Matthew Newman	18 Glades Cir Largo, Fl 33771	Add
		largo, FL 33771	□ Remove
			Change
AMBR	Audie Anderson	18 Glades Cir Largo, FL 33771	Q *Add
		largo, FL 33771	Remove
			Change
			Add
			Remove
			Change
			Remove
	22		Change
			Remove
			□ Change

		aloz and Audie Audeson as	-
	Authorized Members	s to the business. Correcting	_
	Matthew Newman	s to the business. Correcting as an Authorized Member.	=
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(If an e <u>Note</u>	tive date, if other than the date of filing frective date is listed, the date must be specifically a lift the date inserted in this block does not ment's effective date on the Department of	d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 meet the applicable statutory filing requirements, this date will not be lis	5.0207 (3)(b) ted as the
	ecord specifies a delayed effective e 90th day after the record is filed	date, but not an effective time, at 12:01 a.m. on the earli 	ier of:
Dated	November Bth	2017	
	Signature of a	member or authorized representative of a member	¥
	Miguel Gonzale	Š	ALCRE I
		Typed or printed name of signee	E CORP
		Page 3 of 3	b i A i i
		Filing Fee: \$25.00	