

L17000 260 582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

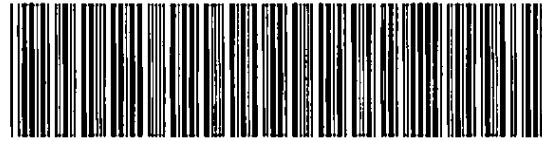
(Business Entity Name)

(Document Number)

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

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06/10/20--01001--012 \*\*25.00

Rec'd 6/9/20

2020 JUN -9 PM 7:00

C SIMMONS

JUN 24 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tides Cabana Company  
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:

Robertino Gruggeri  
Name of Person

Tides Cabana Company  
Firm/Company

134 Hinchman Ave  
Address

Sebastian FL 32958  
City/State and Zip Code

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

For further information concerning this matter, please call:

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

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

2020 JUL -9 PM 7:00

Tides Cabana Company

(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 \_\_\_\_\_ and assigned  
Florida document number 417000260582

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

\_\_\_\_\_  
City

\_\_\_\_\_, Florida

\_\_\_\_\_  
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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Cheyenne Guggeri	542 10 <sup>th</sup> Place	<input checked="" type="checkbox"/> Add
		Vero Beach, FL	<input type="checkbox"/> Remove
		32960	<input type="checkbox"/> Change
AMBR	Atrayn Guggeri	134 Hinchman Ave	<input checked="" type="checkbox"/> Add
		Sebastian FL, 32958	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robertino Guggeri	134 Hinchman Ave	<input checked="" type="checkbox"/> Add
		Sebastian FL 32958	<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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			<input type="checkbox"/> Change

2020 JUL -9 PM 7:00

**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.

Dated June 8, 2020.  
Rafael Gygis  
 Signature of a member or authorized representative of a member  
Robertino Guggeri  
 Typed or printed name of signee

**Filing Fee: \$25.00**