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COVER LETTER

Division of	Corporations				
eunincen. Aero I	Fide Investments LLC	,			
SUBJECT: Acro		Name of Limited Liability Company			
The england Article	s of Amendment and fee(s) are sub	mitted for filing			
The enclosed Afficies	s of Amendment and fee(s) are sub	mated for ming.			
Please return all corre	espondence concerning this matter	to the following:			
	Comp. I. Hali				
	Gary L. Holt	N. CD.			
		Name of Person			
	Holt Coastal Properties L	I.C			
		Firm/Company			
	2172 W. Nine Mile Road				
		Address			
	Pensacola Fl. 32534				
	GLH4459@AOL.com	City/State and Zip Code			
	É-mail address: (to be used for future annual report noti	fication)		
For further information	on concerning this matter, please ca	all:			
Gary L. Holt		at (850 607-4539			
Nai	me of Person	Area Code Daytim	e Telephone Number		
	or the following amount:				
\$25.00 Filing Fee	e \$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)		

Registration Section

TO:

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

ARTICLES OF ORGANIZATION OF

2020 0 16 7" 2:00 Aero Tide Investments 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 ______ 16, 2018 and assigned Florida document number ____L18000042387 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." 80/ VIRECENT ROAD 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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<u>~ • </u>	 	V V	

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gary L. Holt	2172 W. Nine Mile Road Pensacola, Fl. 32534	■ Add
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E. Effecti	ve date, if other than the date of filing: (optional)
(If an eff Note:	ective 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)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
D I	1/14 20202
Dated	<u>1/14</u> . <u>2020</u> .
	Signature of a member or authorized representative of a member
	Kuan / hovers
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00