<u> 18000073316</u>

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(- ·	,	,
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rtified Copies	_ Certificates	s of Status
pecial Instructions to	Filing Officer:	
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ZUIR OCT 15 AM 10: 17
SENDERS OF STATE



COVER LETTER

Registration Section Division of Corporations

NECT: TIK	; Huts Un	limited, "L	LC "
	Name of Limi	ited Liability Company	
enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
ise return all correspor	ndence concerning this matter	to the following:	
	Karin	LONG Name of Person	
	TIKI Huts	Unlimited, " Firm/Company	LLC."
	160 A+1an	tic Avenue	
	India/an	+ic, FL 32 City/State and Zip Code	2903
	Infood + Kill E-mail address: (1	huts unlimited to be used for future annual report not	ification)
further information co	ncerning this matter, please ca	ill:	
Karin Name of	Long Person	at (772) 285 Area Code Daytin	5 · 40 7 4
losed is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 OCT 15 AM 10: 17

TIKI HUTS Unlinited	as it now appears on our records. LAHASSEE, FL
(A Florida Limited Liab	offity Company)
Articles of Organization for this Limited Liability Company we	ere filed on March 21, 2018 and assigned
rida document number <u> </u>	•
s amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liabilit	y company here:
new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
er new principal offices address, if applicable:	
ncipal office address MUST BE A STREET ADDRESS)	
-	
er new mailing address, if applicable:	
uiling address MAY BE A POST OFFICE BOX)	
-	<u> </u>
If amending the registered agent and/or registered office	ee address on our records, enter the name of the new
stered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

w Registered Agent's Signature, if changing Registered Agent:

creby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability npany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

R = Manager

BR = Authorized Member

<u>e</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>32</u>	Trent Smith	160 Atlantic Ave. Indiala FL 32903	Atic X Add
		<u>- </u>	Remove
			Add
			Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			☐ Change
		 	Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change

/	Mailing. Address for Registered Agent: KA	rin L
	to: 160 Atlantic Ave.	
	Indialantic FL 32903	
	,	
Tecti If t	date, if other than the date of filing:	
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.	er of:
(1 ctober 4 2018.	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	KARIN L. LONG Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00