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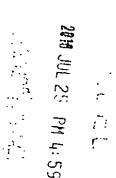
	(Requestor's Name)
	(Address)
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	(Business Entity Name)
	(Document Number)
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## **COVER LETTER**

TO:	Registration So Division of Cor				
era ir		E RETREAT LLC			
SUBJE	C1:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		TESSA HARRIS			
			Name of Person		
		A. BERNARD FINANCIA	AL SERVICES		
			Firm/Company		
		9032 SW 152ND STREE	ĒΤ		
			Address		
		PALMETTO BAY, FL. 33	3157		
		City/State and Zip Code  ABERNARDFINANCIAL@GMAIL.COM			
			to be used for future annual report notif	fication)	
For furtl	her information c	oncerning this matter, please ca	all:		
TESSA	HARRIS		305 251-4591		
	Name o	f Person		e Telephone Number	
Enclose	d is a check for th	ne 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

HIDE TIDE RETREAT LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our recor- Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability C	ompany were filed on <u>07/13/2018</u>	and assigned
Florida document number L18000169038	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
HIGH TIDE RETREAT LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		্ব- 
(Principal office address MUST BE A STREET ADDR	ESS)	
		* 20 ·
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX)		ن ب
		00
		-
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	NN .
	FI	orida
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		*****	
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			☐ Change
		100	☐ Remove
			Add
			☐ Remove
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ote: If the date inserted in this bocument's effective date on the E	st be specific and cannot be prior to do lock does not meet the applicable	statutory filing requirement	nts, this date will	not be listed :
The 90th day after the rec		remedive time, at 12		ine earner
ited July 17th	2018			
/5				

Page 3 of 3

Filing Fee: \$25.00