L18000192277



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COVER LETTER

Tallahassec, FL 32314

TO: Registration Division of C	Section Corporations		
SUBJECT:	Tida	Marketing LLC	
		mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing	
	spondence concerning this matte		
	Jessica Candelaria		
		Name of Person	
	Accounting and Business	s Partners LLC	
		Firm/Company	
	10730 102nd Ave.		
		Address	
	Seminole, FL 33778		
	Tileble de la Co	City/State and Zip Code	·
	TidalMarketing.Acctg@gr	nail.com (to be used for future annual report n	otifi mali m
For further information	concerning this matter, please of		ouncation)
Jessica Candelaria		7 27 828-99 45	
Name	of Person	at ()	ime 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)	Section 500 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of (Section	Street Address: Registration S	
P.O. Box 632		Division of Co The Centre of	orporations Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	arketing LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on	08.10,2018	and accions d
Florida document numberL18000192277	,		and assigned
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	oility company he	r <u>e</u> :	
Cura Creativa LLC			
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			13
Principal office address MUST BE A STREET ADDRESS			
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			,
. If amending the registered agent and/or registered office a	iddress on our rec	ords, enter the nan	<u>ie of t</u> he new registe
ent and/or the new registered office address here:			
Name of New Darks			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	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 =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□ Change
			———— □Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Effecti If an effe Note: I docume	or.01.2024 ortive date, if other than the date of filing: citive 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 605.020 and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as an active date on the Department of State's records.
*******	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is file	
1	une 26 2024
1	une 26 2024 .
1	
	Daniel Cura

Filing Fee: \$25.00