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COVER LETTER

TO:	Registration Se Division of Cor			
outo ir	:	HIGH TIDE BOAT WO	ORKS LLC	
SUBJE	ECT:		nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		MICHAEL A REPASS		
			Name of Person	
		1433 NE SOUTH ST	Firm/Company	
		JENSEN BEACH, FL 3	Address 14957	
. .			to be used for future annual report notific	cation)
For fur	ther information c	oncerning this matter, please c	all:	
MICHAEL A REPASS Name of Person		SS	772 634-2603	
		f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
≡ \$2:	5.00 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:

TO:

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

HIGH TIDE BOAT WOKS LLC

2018 AUG 28 PM 1:35

(Name of the Limited Liability Company as it now appears on our records A 在 (東京) OF S TATE
(A Florida Limited Liability Company) TATLAHASSEF FI TALLAHASSEE.FÜ 8/24/2018 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned L18000203212 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HIGH TIDE BOAT WORKS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 _____. Florida ___ City

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
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(If an effe <u>Note:</u> I	we date, if other the ctive date is listed, the if the date inserted in ent's effective date of	date must be specific a a this block does not	and cannot be prior to t meet the applical	date of filing or mobile statutory filing	option (option) (opti	o nal) filing.) Pursuant to 605 s date will not be liste	5.0207 (3 ed as the
	ord specifies a d 90th day after tl			an effective ti	me, at 12:01 a	a.m. on the earlie	er of:
	AUGUST 27		2018				
Dated _	•						
Dated _	mm	- MGR Signature of	a member or author	ized representative	of a member		
Dated _	MICHAEL /		a member or author	ized representative	of a member		

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Filing Fee: \$25.00