

L19000044536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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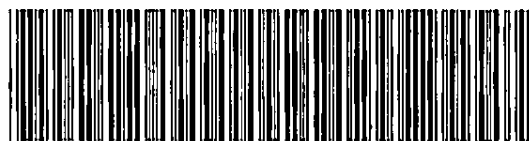
(Business Entity Name)

(Document Number)

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2019 JUN -5 P 3:16
JUN 2 2 2019
CLERK OF COURT
JUN 5 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIGH TIDE 4160 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDWIN BERMUDEZ

Name of Person

HIGH TIDE 4160 LLC

Firm/Company

8960 NW 97 AVE APT 207

Address

MEDLEY, FL 33178

City/State and Zip Code

HIGHTIDE4160@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWIN BERMUDEZ

786

781-0043

at (_____) _____

Name of Person

Area Code

Daytime 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)

☐ \$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

HIGH TIDE 4160 LLC

2019 JUN -5 P 3:16

(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 02/13/2019 and assigned
Florida document number L19000044536.

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."

Enter new principal offices address, if applicable:

8960 NW 97 AVE APT 207

(Principal office address MUST BE A STREET ADDRESS)

MEDLEY, FL 33178

Enter new mailing address, if applicable:

8960 NW 97 AVE APT 207

(Mailing address MAY BE A POST OFFICE BOX)

MEDLEY, FL 33178

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:

EDWIN BERMUDEZ

New Registered Office Address:

8960 NW 97 AVE APT 207

Enter Florida street address

MIAMI

City

Florida 33178

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE L GONZALEZ	8760 NW 97TH AVE 104	<input type="checkbox"/> Add
		MEDLEY FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAUL FARIAS	Calle 74 C/Ave 9B Edf BOCANO PISO 5, 5A Maracaibo, Venezuela	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FERNANDO PARRA	Calle 60 Res Per Europa T 3 Apt PBA Maracaibo, Venezuela	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY 31, 2019

Typed or printed name of signee