

L19 000085567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Correct name of cover letter,
Not an INC.

Office Use Only



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FILED

2022 AUG -3 PM 4:21

Amend

AUG 23 2022

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLUETIDE MARINE GROUP INC
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:

PATRICIA POLLARI
Name of Person

ADVANCE FINANCIAL SERVICE
Firm/Company

3924 CORAL RIDGE DRIVE
Address

CORAL SPRINGS, FL 33065
City/State and Zip Code

patricia1040tax@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Patricia Pollari at (954) 255-3848
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 AUG -3 AM 7:53

STATE
TALLAHASSEE, FL

July 15, 2022

PATRICIA POLLARI
3924 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33065

SUBJECT: BLUE TIDE MARINE LLC
Ref. Number: L19000085567

We have received your document for BLUE TIDE MARINE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the limited liability company must reflect on the amendment form as it now appears in our records. Please make the proper correction the cover letter being that this entity is not a corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 422A00015849

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2022 AUG -3 PM 4:11
FILED

BLUETIDE MARINE LLC
(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 3/27/2019 and assigned Florida document number L19000085567

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: _____
(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

City _____ **Florida** _____ *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

