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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE ALL AHASSES FOR DRIVE

COVER LETTER

Division of Cor	porations		
SUBJECT:	dal Medical	, LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Scott	Malli'19 Name of Person	4.00
	Tidal	Medical, LLC	
		Time Company	-
	604	11th AR N.	
	,	Address	_
	Jackso	wille Beach, F	L 32250
		City/State and Zin Code	
	JCOTT. MAILIN	g @ 00+1004. co	(Contion)
For further information co	oncerning this matter, please ca		ncanon
Scott Malli	0.6	303 346-	34 <i>8</i> 5
Name of		at (<u>303</u>) <u>396-</u> Area Code Daytim	e Telephone Number
		•	
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
\\\	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S	Section	Registration Sec	ction

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tidal Medical,	LLC
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
	2/22/2020
The Articles of Organization for this Limited Liability Company w	ere filed on 3 25 25 2000 and assigned
Florida document number L20000087931	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
Tidal Partners, The new name must be distinguishable and contain the words "Limited Liability	LLC
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)	
The state of the s	AR
	interest in the second of the
Enter new mailing address, if applicable:	n ==
(Mailing address MAY BE A POST OFFICE BOX)	D-10 3
-	5 P
D. If amonding the positional angle of the state of the s	land the state of
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	iress on our records, enter the name of the new registere
Name of New Registered Agent:	
-	
New Registered Office Address:	Enter Florida street address
	imer riorida street adaress

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.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			
			□Remove
			司 同的ange
			Change CALLAHASSEE, H. Change CONTAINED Change Change Change
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effective date is listed, the date must be specific and cannot be prior to date of f		ays after filing.) Purs		
e: If the date inserted in this block does not meet the applicable statut ument's effective date on the Department of State's records.	tory filing requireme	nts, this date will i	not be list	ied a
anent 3 creetive date on the Department of State 3 records.				
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cord specifies a delayed effective date, but not an effective time, at 12:	or a.m. on the earne	r oi: (b) The 90t	n day ane	r the
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