

L21000364392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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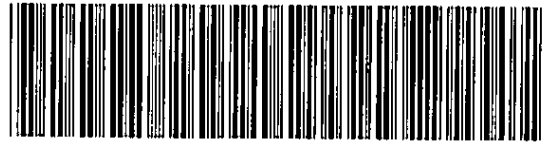
(Business Entity Name)

(Document Number)

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2021 OCT 12 PM 4:00

CLERK OF STATE
TALLAHASSEE, FL

Y SULKER

OCT 21 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHOWTIME EXTERIOR DESIGN 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:

TONY JONES

Name of Person

CITRINE ACCOUNTING LLC

Firm/Company

81 NW 45TH CT

Address

OAKLAND PARK, FL 33309

City/State and Zip Code

TONY@CITRINEACCOUNTING.COM

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

For further information concerning this matter, please call:

TONY JONES

Name of Person

at (954) 934-3718

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

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

SHOWTIME EXTERIOR DESIGN 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 8/13/2021 and assigned Florida document number 121000364392.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GOOD TIDES 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:

11324 AMERICANA LANE

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE, FL 32218

Enter new mailing address, if applicable:

11324 AMERICANA LANE

(Mailing address MAY BE A POST OFFICE BOX)

JACKSONVILLE, FL 32218

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:

LAGRANGE, MICHAEL E

New Registered Office Address:

11324 AMERICANA LANE

Enter Florida street address

JACKSONVILLE

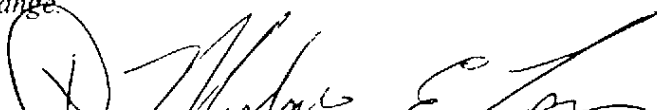
City

Florida 32218

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 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> |
|--------------|------------------------------|---------------------------|--|
| AP | TEREPKA, DANIEL S | 801 WEST BAY DR SUITE 516 | <input type="checkbox"/> Add |
| | | LARGO, FL 33770 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | INFINITY2 LLC | 801 WEST GAY DR SUITE 516 | <input type="checkbox"/> Add |
| | | LARGO, FL 33770 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Showtime Concrete Design Inc | 1333 SW 25TH AVE | <input type="checkbox"/> Add |
| | | FORT LAUDERDALE, FL 33312 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | LAGRANGE, MICHAEL E | LAGRANGE, MICHAEL E | <input checked="" type="checkbox"/> Add |
| | | 11324 AMERICANA LANE | <input type="checkbox"/> Remove |
| | | JACKSONVILLE, FL 32218 | <input type="checkbox"/> Change |
| AP | LAGRANGE, MICHAEL E | 1333 SW 25TH AVE | <input type="checkbox"/> Add |
| | | FORT LAUDERDALE, FL 33312 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

1. Only 1 Manager, Michael E Lagrange, remains.
2. change business name.
3. change registered agent.
4. change business address

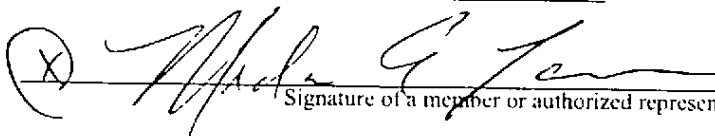
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated OCTOBER 5TH, 2021

 Signature of a member or authorized representative of a member

MICHAEL E. LAGRANGE

Typed or printed name of signee