## L21000487922

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Red Tide RE, LLC SUBJECT: 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: Sung W. Choi Name of Person Red Tide RE, LLC Firm/Company 1544 Red Tide Road Address Mount Pleasant, SC 29466 City/State and Zip Code swookc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sung W. Choi Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address: Street Address:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Red	Tide RE LLC				
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears o ted Liability Company)	n our records.)			
The Articles of Organization for this Limited Liability Compa	any were filed on	11/11/2021	and ass	igned	
Florida document number L21000487922					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	iability company here	:			
Red Tide Anesthesia	a Consulting LLC				
The new name must be distinguishable and contain the words "Limited Li	iability Company," the design	gnation "LLC" or the abb	oreviation "L.I	L.C."	
Enter new principal offices address, if applicable:	4320 W North A St.	#1			
(Principal office address MUST BE A STREET ADDRESS)	2	Tampa, FL 33609			
Enter new mailing address, if applicable:			2023 \$		
(Mailing address MAY BE A POST OFFICE BOX)		2		g Ti	
			02.7	1	
D. If amounting the project and against and for manipulation of G		anda antan tha name		,	
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our reco		<del>ق التوقیده</del>	v registered	
Name of New Registered Agent:	Sung	Sung Wook Choi			
New Registered Office Address:		/ North A St. #1		<u> </u>	
	Enter Florida	street address			
	Tampa	, Florida	33609		
	City		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>	Name	Address	Type of Action
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fective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block becument's effective date on the Depar	does not meet the applicable st	of filing or more than 90 days after atutory filing requirements, this	onal) filing.) Pursuant to 6 s date will not be li	05.020 isted a
record specifies a delayed effective da is filed.	te, but not an effective time, at	12:01 a.m. on the earlier of: (b	) The 90th day at	fter th
September 12	, 2023			
Sign	nature of a member or authorized	representative of a member		