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S. CHATHAM

OCT - 6 2022



## **COVER LETTER**

Registration Section Division of Corporations TO:

SUBJECT:	High Tie	de Cottages, LLC	
30b3cC1	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
•	Jerry C. Effren		
	<del>-</del>	Name of Person	
	Law Offices of Jerry C. Ef	fren	
		Firm/Company	
	25 West Union Street		
		Address	
	Ashland, MA 01721		
		City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all:	
Margaret Burchard		508 881-4950 at ()	
Name c	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

High Tide Cottages, LLC

(Name of the Lim	(A Florida Limited	any as it now appear: Liability Company)	s on our records.)			
The Articles of Organization for this Limited Electronic Leaders Leade		were filed on	May 31, 2022	and as	ssign	ed
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name	of the limited liah	oility company her	re:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de-	signation "LLC" or the	abbreviation "I	L.C.	<del></del>
Enter new principal offices address, if appli	1055 Sandpiper S		Ü			
(Principal office address MUST BE A STREET ADDRESS)		Naples, FL 34102	2			<u>;</u> ;::
	•					
Enter new mailing address, if applicable:		P.O. Box 2321			P!	المارا المارا  - المارا
(Mailing address MAY BE A POST OFFICE	<i>BOX</i> )	Naples, FL 34106	j		34102  Zip Code  ve to comply with miliar with and Chis document is	
	iding the registered agent and/or registered office address on our records, enter the name of the new re	J	<del>7 - 1</del> 71			
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	registered office a ss here: Frank Zarrello	iddress on our rec	ords, <u>enter the nar</u>	ne of the nev	v reg	gistered
New Registered Office Address:	1055 Sandpiper	Street, #H-202				<del></del>
Tregulation of the Address.		Enter Florida	street address			
	Naples		, Florida	34102		
N. B. 14 J. 15 J.	City		_	Zip Code		<del></del>
New Registered Agent's Signature, if changing Is I hereby accept the appointment as registere provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this in the second company has been notified in writing of this in the second company has been notified in writing of this in the second company has been notified in writing of this in the second company has been notified in writing of this in the second company has been notified in writing of this in the second control of the second c	d agent and agre er and complete p stered agent as p registered office t	performance of m rovided for in Cha	y duties, and Lam <sub>o</sub> anter 605 FS Or	familiar witi if this doon	h and	d

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>	Type of Action
MGR	Frank Zarrello	P.O. Box 3231	Add
		Naples, FL 34106	□Remove
			Change
MGR	Thomas B. Hamilton	3748 State Road 44	
		New Smyrna Beach, FL 32168	■Remove
		-	□Change
			□Add
		<u> </u>	□Remove
		<del></del>	Change
		_	□Add
			□Remove
		·····	
	-		□Add
			Change
		_	□Add
			□Remove
			□Change

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Iffective date, i	fother than the	he date of fil	ling:		-651		(optiona	1)	<del></del>	
Note: If the date ocument's effect	inserted in this	DIOCK does no	of meet the :	applicable s	tatutory filin	g requireme	nts, this da	te will not	be listed a	ıs t
record specifies	a delayed effecti	íve date, but r	not an effec	tive time, at	t 12:01 a.m. e	on the earlie	r of: (b) 1	The 90th da	y after the	3
l is filed.		1	2022	_	0					
l is filed.  June ated	23	<del>/- </del>	$\bigcirc$	<del></del>						
lune	23	Signature of	X							

Filing Fee: \$25.00