## L22000297231

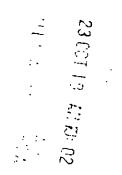
(R	equestor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer
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	J. HORNE OCT 2 6 2023
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Office Use Only



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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

Tallahassee, FL 32314

TO:

622 TIDES	LLC.	-	•
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	Danielle L. Vaughn		
	- Lanene E. Vaagiiii	Name of Person	
	Vaughn Law PLLC		
	<del> </del>	Firm/Company	
	350 Corey Avenue		
		Address	
	St. Pete Beach, FL 33706		
	dv@dvaughnlaw.com	City/State and Zip Code	<del></del>
	•	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
Danielle L. Vaughn		727 223-6080	
Name of Person		Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Sec	etion
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

622 TIDES LLC

company has been notified in writing of this change.

(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 \_\_\_\_\_ July 1, 2022 and assigned Florida document number \_\_\_\_\_L22000297231 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: 350 Corey Avenue New Registered Office Address: Enter Florida street address St. Pete Beach City 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

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
			□Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
		·	□Remove
			Change
			□ Add
			□Remove
			□ Change
			□Add
			Remove
			□ Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	we date, if other than the date of filing:
the record cord is file	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 ed.
Dated _	Orthon 2003.
	Signature of a member or authorized representative of a member  CARLE JOHN JOHN TOOM TOPE SAJAJAW  Typed or printed name of signee