## 122000349474

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## **COVER LETTER**

TO: Registration Sect Division of Corp			
	oastal Market, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sul	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Lila Martin		
		Name of Person	<del></del>
		Firm/Company	
	92 Alapaha Avenue		
		Address	
	Panacea, FL 32346		
	lilaclaire [2@gmail.com	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information con	cerning this matter, please c	, in the second	
Lila Martin		850 251-9372	
Name of P	erson	at () Area Code Daytime	Telephone Number
Disclosed is a aboat for the	fallanina amanu		
Enclosed is a check for the	-		
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy
□ \$25.00 Filing Fee		(additional copy is enclosed)	
□ \$25.00 Filing Fee		(additional copy is enclosed)	(additional copy (semclosed)

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

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

AUG 15 PH 9:0

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF.

Tide Creek Coastal Market, 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 L22000349474 Florida document number 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: New Registered Office Address: Enter Florida street address 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 limite which

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

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 Type of Action <u>Title</u> Name. Address \_\_\_\_\_ 🗀 Add □Remove \_\_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change □Change \_\_\_\_\_ □Remove \_\_\_\_ □Change \_\_\_\_\_ □Remove တ္ Shange

f amending any other informat	ion, enter ch	range(s) here;	(Attach additio)	ial sheets, if nece	ssary.)	
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ffective date, if other than the can effective date is listed, the date must of the list of the date inserted in this blo ocument's effective date on the Derecord specifies a delayed effective is filed.	ek does not m partment of St	neet the applicab tate's records.	ele statutory filing	requirements, this	date will not be list	ed as the
August 12	_	2022				
In Notes	,		-			
- GUEV//WAM	Signature of a n	nember of authori	zed representative of	of a member	SECRETA TALLAI	25 25
Lila Martin					E AUG	أثثث
		Typed or printed	name of signee		SSEE S	
·		———— Filing	Fee: \$25.00		9: 02	Tarry .