

1/15/24, 3:38 PM

Division of Corporations

L23000246450

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000020287 3)))



H240000202873ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LONG LAW, P.A.
Account Number : I20200000163
Phone : (239)400-2060
Fax Number : (239)268-6101

FILED
2024 JAN 16 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FL

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TIPY TIKIS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
2024 JAN 16 PM 12:29
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIPY TIKIS 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.

KEITH E LONG

Name of Person

LONG LAW, P.A.

Firm/Company

1306 SE 46TH LN, STE 1

Address

CAPE CORAL, FL 33904

City/State and Zip Code

KEITH@LONGLAWFL.COM

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

For further information concerning this matter, please call.

KEITH E LONG

239 400-2060
at ()

Name of Person

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

TIPY TIKIS 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 05/18/2023 and assigned
Florida document number L23000246450.

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)

FILED
2024 JAN 16 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FL

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

_____, Florida _____
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAN STODDARD LLC	8263 KYLES STATION ROAD	<input checked="" type="checkbox"/> Add
		LIBERTY TOWNSHIP, OH 45044	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STODDARD, DANIEL BARRY	8263 KYLES STATION ROAD	<input type="checkbox"/> Add
		LIBERY TOWNSHIP, OH 45044	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VACATION BOAT RENTALS I.L	586 SADOWSKI CAUSEWAY	<input type="checkbox"/> Add
		KEY COLONY BEACH, FL 33051	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRACY ENTERPRISES, INC.	425 OCEAN DRIVE	<input checked="" type="checkbox"/> Add
		KEY COLONY BEACH, FL 33050	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 JANUARY 15 2024

KETH LONG

Signature of a member or authorized representative of a member

KEITH E LONG, ATTORNEY-IN-FACT

Typed or printed name of signee

Filing Fee: \$25.00