## L23000326570

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilios Eliki, Nallio,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE JAN 19 2024





600420791986

12/27/28--01018--010 \*\*25.00



## **COVER LETTER**

TO:	Registration Se Division of Cor						
CUBICA	TIFFINY N	FFINY NEWTON, LLC					
SUBJEC	ul: <u> </u>	Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	cturn all correspo	ondence concerning this matter	to the following:				
		SHAUNETTE STOKES					
		· · · · · ·	Name of Person				
	STOKES LAW GROUP, PLLC						
			Finn/Company				
	10150 HIGHLAND MANOR DRIVE SUITE 200						
	Address						
		TAMPA, FLORIDA, 3361	0				
			City/State and Zip Code				
		shaunette@stokeslegalcoun					
		E-mail address: (	to be used for future annual report noti	fication)			
For furth	ner information c	concerning this matter, please ca	all:				
SHAUNETTE STOKES		<b>&gt;</b>	813 444-4156 at ()				
Name of Person			Area Code Daytim	e Telephone Number			
Enclosed	d is a check for t	he following amount:					
<b>■ \$</b> 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		Street Address: Registration Se Division of Cor The Centre of T	porations				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIFFINY NEWTON, LLC

ARTICLES OF ORGANIZATION
OF

FON, 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 L	iability Company	were filed on JULY 10	), 2023 and assigned
Florida document number 1.23000326570	<del></del> -		
This amendment is submitted to amend the folk	owing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
NewTide Consulting, LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		N/A	
		N/A	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE)	BOX)	NIIA	
		N/A	
B. If amending the registered agent and/or ragent and/or the new registered office addres	egistered office : s here:	address on our record	s, enter the name of the new registered
Name of New Registered Agent:	N/A		<u>.</u>
New Registered Office Address:	N/A		
		Enter Florida stre	et address
	N/A		, Florida N/A
		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 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>	Address	Type of Action
N/A	N/A	N/A	
			□Remove
			□ Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<u></u>			□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A**NOVEMBER 16, 2023** 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 NOVEMBER 16, 2023 Signature of a member or authorized representative of a member TIFFINY NEWTON

Typed or printed name of signee