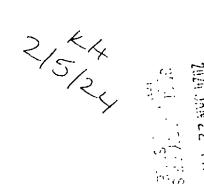
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

то:	Registration Se Division of Cor			
SUBJEC	TiKi Propert	ies, LLC		
	<del></del>	Name of Lin	ited Liability Company	<del>_</del>
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Tim Pagel		
			Name of Person	
		TiKi Properties, LLC		
			Firm/Company	
		16073 Dinal Drive		
			Address	<del></del>
		Punta Gorda, FL 33955		
		tlpanic40@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notification)	_
For furth	er information c	oncerning this matter, please c	all:	2024 2024
Tim Pag	el		at (262 325-4058	
	Name o	f Person	Area Code Daytime Telephone Nu	2024 JI.H 22 PH 3:
Enclosed	l is a check for th	ne following amount:		-17 _ '
<b>□ \$</b> 25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy is enclosed) Certified Copy is enclosed)	0 Filing Fee.p1 68 (ficate of Status & fied Copy ional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Section	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TiKi Properties, 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 08/08/23	an	d assig	ned
Florida document number L23000372291			
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	on "L.L."	74 44
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter now mailing address: if applicables			
Enter new mailing address, if applicable:  Welling address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	<u>-</u>		
B. If amending the registered agent and/or registered office address on our records, enter the na	<u>ime óf:th</u>		egistered
agent and/or the new registered office address here:		ائیں 	
		: <u>*</u>	F177.4 1 - 63
Name of New Registered Agent:	- 33	<u>~</u>	177
New Registered Office Address:	; -i:	<u> </u>	<u> </u>
Enter Florida street address	걸	ယ ယ	"STIP.
, Florida	L1.1	38	

## 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.

 $\dot{c}$  inv

Zip Code

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>	Name	Address	Type of Action
AMBR	Timothy Pagel	16073 Dinal Drive, Punta Gorda, FL 33955	ØAdd
			□Remove
			□ Change
AMBR	Kristina Lopriore	16073 Dinal Drive, Punta Gorda, FL 33955	ØAdd
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	_ OChange
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			□Add
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			□Remove
			□Change

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Filing Fee: \$25.00