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Office Use Only



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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		novations LLC.		
OUDJEC	**	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Bryan Foley		
			Name of Person	
		<del></del>	Firm/Company	
		861 89th Ave N		
		25/18 - 17 - 25/19	Address	
		Saint Petersburg, FL 3370	2	
		Hilltideinnovations@gmail.	City/State and Zip Code	
			to be used for future annual report not	ification)
For further	er information o	concerning this matter, please c	all:	
Bryan Fo	ley		732 2846140 at ( )	
	Name o	f Person		ne Telephone Number
Enclosed	is a check for the	he following amount:		
<b>国 S25.0</b>	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		Street Address:	
	Registration ( Division of C		Registration Se Division of Co	
	P.O. Box 632	-	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hilltide Innovations LLC	
(Name of the Limited Liability Company as it now appe: (A Florida Limited Liability Company)	ars on our records.)
(A Florida Limited Liability Company)	,
The Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$	
	and assigned
Florida document number L24000034250	
This amendment is submitted to amend the following:	
this amendment is submitted to amend the following.	
A. If amending name, enter the new name of the limited liability company h	nere:
Hill Tide Innovations LLC	· •
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
<del></del> .	
B. If amending the registered agent and/or registered office address on our	records, enter the name of the new regist
igent and/or the new registered office address here:	
	·
Name of New Registered Agent:	
New Registered Office Address:	
	orida street address
	Florida
	. rwada

#### 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.

City

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

Title	Name	Address	Type of Action
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Effective date, if other that fan effective date is listed, the date is listed.	n the date of fili	ing:	o date of filing or mo	e than 90 days after filir	ii)
Note: If the date inserted in a document's effective date on	his block does no	t meet the applica	ble statutory filing	requirements, this da	te will not be listed as
e record specifies a delayed el rd is filed.	Tective date, but n	ot an effective tir	ne, at 12:01 a.m. oi	n the earlier of: (b)	The 90th day after the
January 25th Dated		2024			
121	7	_ :	_·		
/ V/ -					

Typed or printed name of signee

# **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJE	Hilltide Inr	novations LLC.			
SUBJE	U1:	Name of Lim	ited Liability Company	<del>-</del>	·
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Bryan Foley			
			Name of Person		<del></del>
			Firm/Company		
		861 89th Ave N			
			Address		<del></del>
		Saint Petersburg, FL 3370			
		Hilltideinnovations@gmail.	City/State and Zip Code com		
		E-mail address: (	to be used for future annual repo	ort notification)	<del></del>
For furth	ner information o	concerning this matter, please c	all:		
Bryan F	oley		732 28461-	40	
	Name o	f Person		Daytime Telephor	ne Number
Enclosed	i is a check for the	he following amount:			
量 \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$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, El. 32314

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

# ANTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

Attitide innovations ELC		
(Name of the Limited Liabili	ty Company as it now appears on our rec a Limited Liability Company)	ords.)
(V. Liotida	Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 01/17/2024	and assigned
Florida document number <u>L24000034250</u>	. ,	
	<u></u> ·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Hill Tide Innovations LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "E	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
· · · · · · · · · · · · · · · · ·		
<u>Principal office address MUST BE A STREET ADD</u>	(ESS)	
		<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	d office address on our records, en	ter the name of the new registe
gent and/or the new registered office address here:	d villee address on var records, <u>en</u>	et the name of the new registe
Name of New Registered Agent:		
Name of New Registered Agent.	······································	
New Registered Office Address:		
	Enter Florida street add	Iress
<u></u>	,	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 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
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