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## **COVER LETTER**

|                 | Registration So<br>Division of Cor      |   |  |  |
|-----------------|---|---|--|--|
| SUBJEC          | .1.                                     | ES PILING WRAPS, LLC  |  |  |
| SOBJEK,         | 1.                                      |   | nited Liability Company                |  |
| The enclo       | sed Articles of                         | Amendment and fee(s) are sub  | omitted for filing.                    |  |
| Płease ret      | urn all correspo                        | ondence concerning this matter  | to the following:                      |  |
|                 |   | ANDREW C FIGAS  |  |  |
|                 |   | S PILING WRAPS, LLC  Name of Limited Liability Company  Imendment and fee(s) are submitted for filing.  Idence concerning this matter to the following:  ANDREW C FIGAS  Name of Person  Firm/Company  16108 US HWY 19 LOT #55  Address  HUDSON, FL 34667  City/State and Zip Code  TEMarkey@hotmail.com  E-mail address: (to be used for future annual report notification)  Incerning this matter, please call:  2727  Area Code  Daytime Telephone Number  following amount:  S30.00 Filing Fee & Certificat Copy (additional copy is enclosed)  Street Address:  Registration Section  Division of Corporations |  |  |
|                 |   |   | Firm/Company                           | <del></del>                            |
|                 |   | 16108 US HWY 19 LOT   | <sup>-</sup> #55                       |  |
|                 |   | <del></del>   | Address                                |  |
|                 |   | HUDSON, FL 34667  |  |  |
|                 |   | TEMarkey@hotmail.com  | · · ·                                  |  |
|                 |   | E-mail address: (   | to be used for future annual report no | tification)                            |
| For furthe      | r information c                         | oncerning this matter, please c   | all:                                   |  |
| ANDREW C FIGAS  |   | 727 645-1399  |  |  |
|                 | Name o                                  | f Person  | Area Code Dayti                        | me Telephone Number                    |
| Enclosed        | is a check for th                       | ne following amount:  |  |  |
| <b>■</b> \$25.0 | 0 Filing Fee                            |   | Certified Copy                         | Certificate of Status & Certified Copy |
|                 | <u>Jailing Addres</u><br>Registration S |   | ·                                      | ection                                 |
| I               | Division of C                           | orporations   | Division of Co                         | orporations                            |
|                 | P.O. Box 632<br>Fallahassee, 1          |   |  | Tallahassee<br>oe Street, Suite 810    |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HIGH TIDES PILING WRAPS, LLC   |   |
|--|---|
| ( <u>Name of the Limited Liability Company as i</u><br>(A Florida Limited Liability  | t now appears on our records.)<br>y Company)                  |
| The Articles of Organization for this Limited Liability Company were florida document number <u>L24000108247</u> .                                   | filed on 03/01/2024 and assigned                              |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liability c   | ompany here:  |
| HIGH TIDES PILING WRAPS & MORE, LLC  |   |
| The new name must be distinguishable and contain the words "Limited Liability Con-   | npany," the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | 7.5   |
| Principal office address MUST BE A STREET ADDRESS)   | <u> </u>  |
|  | ,   |
|  | C1  |
| inter new mailing address, if applicable:  | . 7<br>1 1  |
| Mailing address MAY BE A POST OFFICE BOX)  | က်  |
|  | ယ်  |
| . If amending the registered agent and/or registered office addressent and/or the new registered office address here:  Name of New Registered Agent: | ss on our records, <u>enter the name of the new regis</u>     |
| New Registered Office Address:   |   |
|  | Enter Florida street address                                  |
|  | Florida   |

### 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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

| MGR =  | Manager    |        |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address  | Type of Action |
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| Effective date, if other than the fan effective date is listed, the date my Note: If the date inserted in this bedocument's effective date on the E | st be specific :<br>lock does no       | and cannot be proof meet the app | licable statuto  | ng or more than<br>ry filing requi    | (option<br>90 days after fil<br>rements, this d | ing.) Pursuant to (                   | 505.0207<br>isted as ( |
| ne record specifies a delaye<br>The 90th day after the rec  |  |                                  | not an effec     | ctive time, a                         | nt 12:01 a.r                                    | n. on the ea                          | rlier of:              |
| March 7th Dated   |  | 2024                             |                  |                                       |   |                                       |                        |
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| Annes 6   |  | A                                |                  |                                       |   |                                       |                        |
| Angen (   | Signature of                           | f a member or au                 | thorized represe | entative of a me                      | mber  |                                       |                        |

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