

L24000293982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

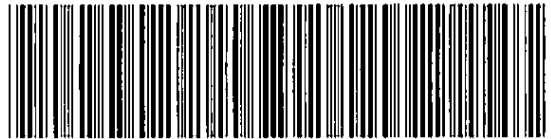
(Business Entity Name)

(Document Number)

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ASSOCIATE
PM 1:09

07/31/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hydro Infusions & Wellness, 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:

Michaela Slover
Name of Person

Hydro Infusions & Wellness
Firm/Company

5954 Park Ridge Dr.
Address

Port Orange, FL 32127
City/State and Zip Code

M_Slover@yahoo.com
E-mail address: (to be used for future annual report notification)

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SECRET
PM 1:09

For further information concerning this matter, please call:

Michaela Slover at (386) 589-0269
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Hydro Infusions + Wellness, 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 7/1/2024 and assigned Florida document number L24000293982.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Riptides Infusions + Wellness, 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 principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5954 Park Ridge Dr.
Port Orange, FL 32127

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5954 Park Ridge Dr.
Port Orange, FL 32127

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:

Michaela Slover

New Registered Office Address:

5954 Park Ridge Dr.

Enter Florida street address

Port Orange

City

Florida

32127

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.

Michaela Slover

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

N/A - not amending

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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V. S. E. F. I.

PH 1:09
DATE
TIME
PAGE

(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)

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.

15 Michaela Slaver
Signature of a member or authorized representative of a member

Michaela Slover
Typed or printed name of signee