# M21000097B

(Requestor's Name)	-
(Address)	-
(Address)	-
(City/State/Zip/Phone #)	-
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	]

100385537551

.

Office Use Only

### FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 04/12/22

NAME: CLEARWATER TIDES LLC

TYPE OF FILING: WRITTEN CONSENT

COST: 25.00

**RETURN:** PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

# WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorized Person

# of Clearwater Tides LLC

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

## Delaware

(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the

requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the

following name to transact business in the state of Florida:

# **Clearwater Tides Marina LLC**

(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability Company, L.L.C., or LLC.)

- I. Hom

4/11/2022

Signature Authorized Person

Date



CR2E122 (12/13)