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## **COVER LETTER**

TO: Registration Section
SUBJECT: SALUN BOCK 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:
Davielle Geodocau Name of Person
Davielle Geolgeau  Name of Person  Salun Bark UC  Firm/Company
6274 N Federal HighWay
Foot Levelace Florida 33308  City/State and Zip Code
F-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 491 1119  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

. . .

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solon Ball Co	CC C	
(Name of the Limi	ted Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited L		
Florida document number <u>LOB00000</u>	<u>147</u> .	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
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 applic	cable:	SEC SEC
rincipal office address MUST BE A STREET ADDRESS)		
	*****	9 7 <del>8</del> 2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
		A RESCU
Enter new mailing address, if applicable:		<b>89</b> RATIO
Mailing address MAY BE A POST OFFICE	BOX)	<b>o</b> <u>R</u>
	<u> </u>	·
B. If amending the registered agent and registered agent and/or the new registered or	ffice address here:	
Name of New Registered Agent:	DANIElle Goudneau  6274 N. Federal Highway  Enter Florida street a  Fort Condexdale  City	
New Registered Office Address:	6274 N. Federal Highway Enter Florida streel a	ddress
	Fort Louderdale	, Florida <u>33308</u>
	Ciù.	zip Coae

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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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	Pierre GAUDREAU	6214 N Federal Highway Foot Laude FC 33308	elcapa Add
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Dated August	8		. <u>2018</u>		2				
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Page 3 of 3

Filing Fee: \$25.00