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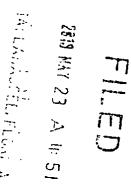
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Special Instructions to Fili	ing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations	·			
SUBJECT: Saltgarden Landson Name of	apes LLC	•	•	
Name of	.imited Liability Company	_		
The enclosed Articles of Amendment and fee(s) are	submitted for filing.			
Please return all correspondence concerning this ma	ter to the following:			
Kennet	h Lang	<u>-</u>		
<u>Saltgarden</u>	Landscapes LLC Firm/Company			
	esatch Range Loop			
	Address	7. 5.	2F13 II	-(
<u>rensacola</u> ,	FL 32526 City/State and Zip Code		HEXT 23	֡֞֜֜֜֜֜֝֜֜֜֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡֓֓֡֓֡֓֡֓֡
saltgarden	or operty Services @ smail. Constitute annual report hotification)	7 = 2		
Mi-mail addre	s; (to be used for future annual report hotification)		> =	Ĺ
For further information concerning this matter, pleas	e call:	• .	5	
Kenneth Lan	B50, 902-7258			
Name of Person	Area Code Daytime Telephone Nui	mber		
Enclosed is a check for the following amount:				
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	Gertified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ifficate of Stati iffed Copy itinal copy is enc		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building	S:		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Saltgarden Landso	Company as it now appears on our records.) junited Liability Company)
(A Florida I	(Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L1900003772</u>	mpany were filed on 01/02/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	<u>;</u>
Saltgarden Property Services	d Liability Company," the designation "ELC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	No Change
(Principal office address MUST BE A STREET ADDRE	9
	29
Enter new mailing address, if applicable:	No Change
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registe	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addre	ess here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	
provisions of all statutes relative to the proper and coaccept the obligations of my position as registered ago	nd agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is office address. I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent
	Page 1 of 3

If amending or removed	Authorized Person(s) authorized to from our records:	manage, enter the title, name, a	nd address of each person—being added
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□ Change
			□ Remove
			Change
			□ Add □ Remove □ Change
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ive date, if other than the date of filing:	-		ontional)	\	
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Filing Fee: \$25.00