L23 000095541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2023 APR 27 FILED

EFF DATE

FROM: Department of State
Division of Corporations

SUBJECT: Salt Life Medicare & Life Insurance Consulting 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:

Marlencia A. Dotson
Name of Person

Firm/Company

120 Dolphin Fleet Circle #316
Address

Daytona Bch, FL 32119
City/State and Zip Code

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

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For further information concerning this matter, please call:

Marlencia Dotson at (386) 2953993
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount

~~X~~ ~~$25.00~~ Filing Fee

X $30.00 Filing Fee & Certificate of Status

☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐ $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

Salt Life Medicare & Life Insurance Consulting

(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 2/22/2023 and assigned Florida document number L23000095541

This amendment is submitted to amend the following:

A. To amend the name, enter the new name of the limited liability company here.

Just Ask Marley Medicare & Life Insurance Consulting

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS) N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX) N/A

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C. 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: N/A

New Registered Office Address _____
Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, Upon 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.

N/A

Upon Changing Registered Agent, Signature of New Registered Agent

Attach Additional Page(s) if Necessary to Manager, enter the Title, Name, and Address of each person being added or removed from the Articles

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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D. If amending any other information, enter change(s) here. *(Attach additional sheets, if necessary.)*

N/A

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated April 11, 2023

Marlencia Dotson

Signature of a member or authorized representative of a member

Marlencia Dotson

Typed or printed name of signee