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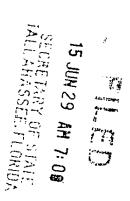
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COVER LETTER

	stration Section sion of Corporations	1	g San	
SUBJECT:	JOSALTY SN	ACKSL.L.C.		
ociober	, , , , , , , , , , , , , , , , , , , ,	Name of Limite	d Liability Company	
The enclosed	Articles of Amendme	ent and fee(s) are submi	itted for filing.	
Please return a	all correspondence co	ncerning this matter to	the following:	
	<u></u>	John	Delapine Name of Person	
		SALTY SNACKSLL. C. Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: John Delaging Name of Person		
			Firm/Company	
		4290 Gulf	Stream Or Unit #14	
			Address	
		Naples,	F1, 74112	
			*	
		E-mail address: (to	be used for future annual report no	tification)
For further inf	formation concerning	this matter, please call:	:	
	John Delap Name of Person	inc	at (<u>661</u>) <u>222-1</u> Area Code Daytin	23 9 ne Telephone Number
Enclosed is a	check for the following	ng amount:		
□ \$25.00 Fit	ling Fee D2 \$30 Ce	00 Filing Fee & rtificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

JOSALTYSNACKS	L.L.C.		
(<u>Name of the Limited Liab</u> (A Flori	<u>ility Company as it now ap</u> da Limited Liability Compar	pears on our records. ny)	
The Articles of Organization for this Limited Liability Florida document number <u>L150000 66397</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited to a second control of the limited Liability		,	and assigned
			
The new name must be distinguishable and contain the words "L	imited Liability Company," t	he designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4290	Gulfstream Dr	Vn.1+14
(Principal office address MUST BE A STREET ADI	DRESS) Maple	Gulfstream Dr 15, Fl 34112	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Gulfstream Dr s, Fl 34112	
B. If amending the registered agent and/or reg		on our records, ente	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:	4290 Gulfstree	Florida street address	
	Naples City	, Florida	34/12 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00