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MAY 1 7 2016 J SHIVERS

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	Salty Peaks			
30 2 011			ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		James West		
			Name of Person	
		Salty Peaks, LLC		
			Firm/Company	
		1908 19th Court		
			Address	
		Jupiter, FL 33477		
		jimmypwest@gmail.com	City/State and Zip Code	
	•	E-mail address: (to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
James West			561 308-3796	
	Name of	Person .		Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	□ \$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)

TO:

Registration Section

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

Salty Peaks, LLC		
(Name of the Limited Lie (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Identical Liability Library Li		and assigned
his amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:		क्षिण के जिल्ल
	Enter Florida street address	PH 2
	, Florida	Zo 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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Carole Tran	1908 19th Court	□ Add
		Jupiter, FL 33477	■ Remove
			Change
			Add
			□ Remove
			Change
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			□ Change
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Page 3 of 3

Filing Fee: \$25.00