L04000005914

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	istration Sec ision of Corp			
CUDIECT.	Salty Dawgs	s Guitars LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	idence concerning this matter	to the following:	
		John A Kennedy		
			Name of Person	
			Firm/Company	
		1720 E M	ALABAR RO Address	#500122
		MALABAR I	_	50 -8003
		doctorjkennedy@gmail.com		
		E-mail address: (to be used for future annual repo	rt notification)
For further in	nformation co	oncerning this matter, please ca	all:	
John A Ken	nedy JR		407 218-08 at (Area Code D	40 aytime Telephone Number
	Name of	Person	Area Code D	aytime Telephone Number
Enclosed is a	a check for th	e following amount:		
\$25.00 F	filing 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)

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 Dawgs Guitars LLC						
(Name of the Limited	Liability Com	pany as it now appe	ars on our records.)			
The Articles of Organization for this Limited Liab Florida document number L04000005914 This amendment is submitted to amend the follow	pility Compar			ARY OF STATE SSEE, FLORIDA		
A. If amending name, enter the new name of t	he limited lis	ability company	<u>here</u> :			
Jim Madison LLC						
The new name must be distinguishable and contain the wor	ds "Limited Lia	bility Company," the	designation "LLC" or t	he abbreviation "L.L.C."		
Enter new principal offices address, if applicab	ole:	1873 S. Patrio	1873 S. Patrick Drive			
(Principal office address MUST BE A STREET ADDRESS)		Indian Harbour Beach Fl. 32937				
Enter new mailing address, if applicable:		1720 E. Mala # 500305	bar RD.			
(Mailing address MAY BE A POST OFFICE B	<u> </u>	Malabar, Flor	Malabar, Florida ZIP 32950			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	John A Keni	ere: nedy JR . abar RD. # 500122		nter the name of the new		
	Malabar	Florida	Florid	a <u>32950</u>		
		City	, # ROT IQ	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

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>	<u>Name</u>	Address	Type of Action
MER	AUSTIN RKENNEW	1200 EMERSON DN NE	
	·	1200 EMERSON DN NE PALM BAY FL 32907	Remove
			Change
mar	JOHN A, KENNEY Jr.	1720 E MALABAR RD \$500122	_Add
	·	MAKABAR. PL 32950-8008	Remove
			X Change
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Filing Fee: \$25.00