L04000007118

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
eun reem	Salty Dog C	Construction, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The analogo	l Articles of	Amendment and fee(s) are subi	nitted for filing	
Please return	all correspo	ndence concerning this matter	to the following:	
		Carrie Reed		
			Name of Person	
		Salty Dog Construction		
			Firm/Company	
		64 San Peoro Dr.		
		Crawfordville, FL 32327		
			City/State and Zip Code	
		saltydogbrown@comcast.ne		
			o be used for future annual report no	tification)
For further i	nformation c	oncerning this matter, please ca	ill:	
Carrie Reed			850 879-2776 at ()	
	Name o	f Person		me Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00		☐ \$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)
	iling Addres		Street Address: Registration S	ection
Registration Section Division of Corporations			Division of Co	orporations
P.0	D. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salty Dog Construction, LLC

(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears or ed Liability Company)	ı our records.)		
The Articles of Organization for this Limited Liability Comparting Horida document number L04000007118	ny were filed on 1/27/2	004	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited list	ability company here:			
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the desig	nation "LLC" or the a	bbreviation "L.L.C."	_
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRESS)				_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered officagent and/or the new registered office address here: Name of New Registered Agent:	e address on our reco	rds, enter the nan	ne of the new regis	871
New Registered Office Address:	Enter Florida	street address		_
	111111111111111111111111111111111111111			
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Ager	nt:			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance of my is provided for in Cha	duties, and I am opter 605, F.S. Or	familiar with and , if this document i	

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Chris Brown	114 Purify Bay Rd.	ddd
		Crawfordville, FL 32327	□Remove
			Change
			🗆 Add
			□ Remove
			Change
***************************************			□Add
			□Remove
			□Change
			□Add
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			Change
			
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ote: If the	date, if other than we date is listed, the dat he date inserted in the is effective date on t	is block does not	meet the appli	cable statutory f	or more than 90 day	(optional) s after filing.) Pur ts, this date will	suant to 605.0207 not be listed as
record sp is filed.	ecifies a delayed eff	ective date, but no	ot an effective	time, at 12:01 a.	m. on the earlier	of: (b) The 90	th day after the
ated	9/25		. <u>2</u> 023	·			
		Signature of a	Thou	norized representa	tive of a member	<u> </u>	<u>-</u>
		Ha					