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(Reque	estor's Name)			
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PICK-UP	WAIT	MAIL		
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Certified Copies	Certificate	s of Status		
Special Instructions to Fili	ng Officer:			
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SECRETARY OF STATE
ALL A HASSEE FLORID

T. CLINE

MAY - 22008

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Salefish Property Management, 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:	٠.
Nancy Jackson (Name of Person) Salefish Property Management, LLC (Firm/Company)	
	T1
For further information concerning this matter, please call:	er are
Nancy Jackson at (561) 738-0922 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount: [\$25.00 Filing Fee \$\) Certificate of Status \$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

-

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MERM	Nancy Jackson	KOUNTON SPACE FL	Add Remove
			Add Remove
		·	Add ,
			Add Remove
			AddRemove
 			Add Remove
D. If ame	ending any other information, ent	er change(s) here: (Attach additional sheets, if	2008 HAY
- -	··		ARY DF S ATE
Dated	April 28. Nanay K	Jackson	<u> </u>
	Signature of Nance	a member or authorized representative of a member A. Jackson Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00