

L080000073665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

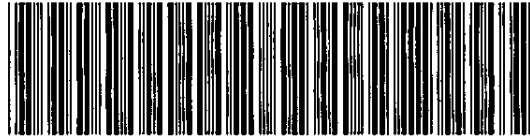
(Business Entity Name)

(Document Number)

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FILED
15 JAN -8 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 12 2015
T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SALTIRE ENTERPRISES 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:

RICHARD PAUL FERRY
Name of Person

SALTIRE ENTERPRISES, LLC
Firm/Company

181 Beulah Church Rd
Address

Crescent City, FL 32112
City/State and Zip Code

X
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John W. Parente at (386) 467-2206
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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

Check for 50⁰⁰ sent with previous filing which was
returned. Please see your enclosed letter of NOV. 25, 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 JAN -8 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

November 25, 2014

SALTIRE ENTERPRISES LLC
1512 PINEHURST PLACE
ORLANDO, FL 32806

SUBJECT: SALTIRE ENTERPRISES LLC
Ref. Number: L08000073665

We have received your document for SALTIRE ENTERPRISES LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

1-850-245-6925
Teresa Brown
Regulatory Specialist II

Letter Number: 314A00025011

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SALTIRE ENTERPRISES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
15 JAN -8 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/31/2008 and assigned
Florida document number L08000073665

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

181 Beulah Church Rd
CRESCENT CITY, FL 32112

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

(Same)

New Registered Office Address:

181 Beulah Church Rd

Enter Florida street address

CRESCENT CITY

City

Florida

32112

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.

N/A
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JAN 06, 2015.

x Richard P. Ferry

Signature of a member or authorized representative of a member

RICHARD P. FERRY

Typed or printed name of signee