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COVER LETTER

TO:

Tallahassee, FL 32314

	stration Se sion of Cor			
		IOLDINGS, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed	Articles of .	Amendment and fec(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Iveta Sykora		
			Name of Person	
			Firm/Company	
		1217 Cape Coral Pkwy Ea		
			Address	
		CAPE CORAL, FL 33904		
			City/State and Zip Code	
		iveta.sykora@yahoo.com	to be used for future annual report not	(Control of the Control of the Contr
For further in	formation co	neerning this matter, please co		meanon
Iveta Sykora			239 851-4000 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	e following amount:		
翼 \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	El \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Addres istration S		<u>Street Address:</u> Registration Sc	ection
Div	ision of C	orporations	Division of Cor	rporations
	. Box 632 ahassee, l		The Centre of 1	Fallahassee be Street, Suite 810
tall	anassee. T	"レン4ン14	≟≒ (J N. MOHIO	of Ottoor Dutte Ott

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALINAS HOLDINGS, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L10000036316</u>	pany were filed on 05/05/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "I imited	Liability Company," the designation "LI,C" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		021 NOV
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		in or i
Enter new mailing address, if applicable:		-
Mailing address MAY BE A POST OFFICE BOX)		9
B. If amending the registered agent and/or registered of lagent and/or the new registered office address here:	fice address on our records, enter th	ie name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	City	Zıp 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, 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
MGR	LADISLAV BREZNICKY	1217 Cape Coral Pkwy East 369 CAPE CORAL. F	
			Remove
			□Change
MGR	Iveta Sykora	1217 Cape Coral Pkwy East 369 CAPE CORAL, F	11.33円0円 国Add
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Note: If	date, if other than the date of ve date is listed, the date must be spe the date inserted in this block doo 's effective date on the Departme	es not meet the applic	cable statutory filing re	(optional) than 90 days after filing.) Pu quirements, this date wil	rsuant to 605.0207 (I not be listed as t
e record s rd is filed.	pecifies a delayed effective date,	but not an effective t	ime, at 12:01 a.m. on t	he earlier of: (b) The 90	Oth day after the
Oc Dated	etober 21	2021			
	-71mm -	James.			
	Signatu	ire of a member or auth	orized representative of a	member	

Filing Fee: \$25.00