

L10000067240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

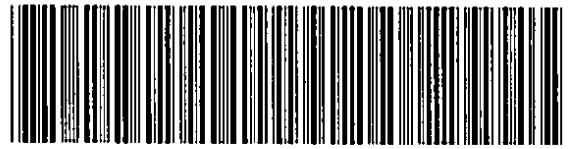
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SALTIR RESTAURANTS GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSIE SYSOUVANH
Name of Person

Firm/Company

1723 DERRINGER RD
Address

JACKSONVILLE FL 32225
City/State and Zip Code

EMILY@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSIE SYSOUVANH at (904) 612-7201
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 FEB -9 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SALTER RESTAURANT GROUP

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

The Articles of Organization for this Limited Liability Company were filed on 6/24/2010 and assigned Florida document number L10000067240

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 "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)

1723 DERRINGER RD
JACKSONVILLE, FL 32225

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1723 DERRINGER RD
JACKSONVILLE, FL 32225

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:

SUSIE SYSOVANH

New Registered Office Address:

1723 DERRINGER RD

Enter Florida street address

JACKSONVILLE

City

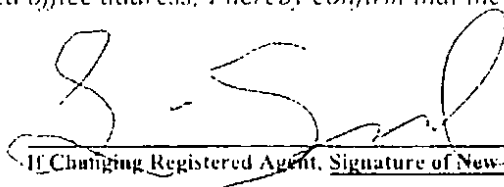
Florida

32225

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	SUSIE SYSOUANH	1723 DERRINGER RD	<input type="checkbox"/> Add
		JACKSONVILLE FL 32225	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	EMILY LE	1723 DERRINGER RD	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32225	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARK SALTER	8485 MEADOW FORK RD	<input type="checkbox"/> Add
		HOT SPRINGS NC 28743	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LADDA SALTER	8485 MEADOW FORK RD	<input type="checkbox"/> Add
		HOT SPRINGS- NC 28743	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FL
FEB -9 8:20

2021 FEB -9 AM 8:25
SECRET//NOFORN
TALL PINE STATE FL

2021 FEB -9 AM 8:25
GEORGE WASHINGTON STATE
TALLAHASSEE FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0207 (3)(b)

Dated 02/09 . 2024


Signature of a member or authorized

Signature of a member or authorized representative of a member

Mark SALTER

Typed or printed name of signee

Filing Fee: \$25.00