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EXAMINER



COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:	Saltsha	ker RZBW, LLC	0.	
		nited Liability Company	6	
			8	
The enclosed Articles	s of Amendment and fee(s) are su	ubmitted for filing.	10 MON -1	
Please return all corre	espondence concerning this matte	er to the following:	7	
		Robert Fernandez		
		Name of Person		
		Firm/Company	_	
		Address	_	
	Fo	ort Lauderdale, FL 33316		
		City/State and Zip Code	_	
	E-mail address:	(to be used for future annual report notification)	_	
For further information	on concerning this matter, please	•		
	vid M. Scully, Esq.	at (_954_)764-1005		
Nar	ne of Person	Area Code & Daytime Telephone Numb	per	
Enclosed is a check f	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclosed)	
Reg Div P.C	AILING ADDRESS: gistration Section ision of Corporations Box 6327 lahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

JACK R. LOVING, P.A.

ATTORNEYS AT LAW 1323 SOUTHEAST THIRD AVENUE FORT LAUDERDALE, FLORIDA 33316

TELEPHONE (954) 764 -1005 FACSIMILE (954) 764 -1499 E-MAIL DAVID@JACKRLOVINGPA.COM

JACK R LOVING

BOARD CERTIFIED IN: TAXATION WILLS, TRUSTS & ESTATES

DAVID M. SCULLY

ONOW SINIONS OF STRICTS

October 27, 2010

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

RE:

Saltshaker RZBW, LLC

Document #L10000111011

Gentlemen:

Enclosed please find executed Articles of Amendment for the above referenced limited liability company. Also enclosed is a check in the amount of \$25 as payment of the filing fee.

Please contact our office if there are any questions.

Sincerely

DAVID M. SCULLY

Enclosure

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Saltshaker RZBW, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) October 25, 2010 The Articles of Organization for this Limited Liability Company were filed on ___ __ and assigned L10000111011 Florida document number 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 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: New Registered Office Address: Enter Florida street address , Florida City

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 608, 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 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>	Name	Address	Type of Action
MGRM	Alex Hernandez	113 SW 11th Court, Suite C Fort Lauderdale, FL 33315	Add Remove
MGRM	Brad Ashlin	113 SW 11th Court, Suite C Fort Lauderdale, FL 33315	_ ✓ Add Remove
			Add Remove
***************************************			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	-
	201		
Dated)/2///0 B Hall.	r authorized representative of a member	
	_ ,	r authorized representative of a member Brad Ashlin	
_		r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00