

L11000106395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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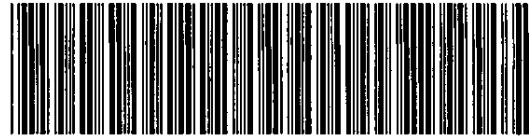
(Business Entity Name)

(Document Number)

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2013 MAR -7 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAR -8 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SALMEX OUTREACH, 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:

Maria Dolores Rosales

Name of Person

Firm/Company

101-A Hickey Blvd. #119

Address

South San Francisco, CA 94080

City/State and Zip Code

rosa_maried@yahoo.com

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

For further information concerning this matter, please call:

Maria D. Rosales

Name of Person

at **(650) 255-8196**

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2013 MAR -7 AM 11: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SALMEX OUTREACH, LLC

(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 09/16/2011 and assigned
Florida document number L11000106395

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)

101-A HICKEY BLVD. #119

SOUTH SAN FRANCISCO, CA 94080

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

101-A HICKEY BLVD. #119

SOUTH SAN FRANCISCO, CA 94080

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:

INCorp SERVICES, INC

New Registered Office Address:

17888 67TH COURT NORTH

Enter Florida street address

LOXAHATCHEE,

Florida 34470

City

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 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.

Janice Null on behalf of Incorp Services, Inc
If Changing Registered Agent, Signature of New Registered Agent

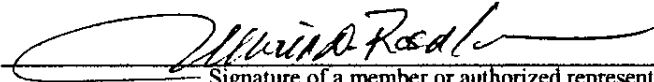
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MANAGER	Jose M. Rosales	101-A Hickey Blvd. #119	☐ Add
		South San Francisco, CA 94080	☒ Remove
Agent	Real Freedom Outreach Fellowship	11100 SW 93rd Court Road	☐ Add
		Suite 10-118	☒ Remove
		Ocala, Florida 34481	
Agent	Incorp Services, Inc	Incorp Services, Inc.	☒ Add
		17888 67th Court North	☐ Remove
		Loxahatchee, Florida 34470	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated March 4th, 2013.



Signature of a member or authorized representative of a member

Maria Dolores Rosales

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA