L11000 108648

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J. HARRIE

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	Salt Wellne	ess, LLC dba The Salt Room	Villages	
SUBJE	C1:	Name of L	imited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are s	ubmitted for filing.	
Please r	eturn all correspo	ndence concerning this mutt	er to the following:	
			Rebecca Jame	25
			The Salt Room V	<u>rilages</u>
		2467 G_3g==	480 North US	highway 27-441
			Lady Lake, FL City/State and Zip Code Rebecca & Saltra :: (to be used for future annual report not	32159
		E-mail address	Rebecca & Saltra	omvillages. com
For furtl	her information co	oncerning this matter, please		
	Daha	acc Tomas	407	. 230-0555
	Name of	CCA James Person	at (407 Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	e 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)
	Registra Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salt Wellness, LLC			
(<u>Name of the Li</u>	nited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) ompany)	
The Articles of Organization for this Limited Florida document number L11000108648	Liability Company were file	ed on 09/22/2011	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability con	npany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compa	iny," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if app	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	E BOX)		
B. If amending the registered agent an registered agent and/or the new registered		iress on our records, <u>ente</u>	r the name of the nev
Name of New Registered Agent:			
New Registered Office Address:		True Plane and I	
		Enter Florida street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registe provisions of all statutes relative to the pro- accept the obligations of my position as re- being filed to merely reflect a change in the company has been notified in writing of the	per and complete perform istered agent as provided registered office address	ance of my duties, and I an for in Chapter 603, F.S. O	n familiar with and r, if this document is

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 Type of Action <u>Name</u> Address **Title** JEROME LEWLESS MGR □ Add 1804 N. MILLS AVENUE, ORLA Remove ☐ Change 2480. North US. highway 27-441 Lady Lake, FL 32159 □ P. **BRADLEY LEVINE** MGR. ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Change

ffective date, if other than the date an effective date is listed, the date must be listed. If the date inserted in this block	te of filing: specific and cannot be prior to date of filing or more than 90 day does not meet the applicable statutory filing requiremen	ys after filing.) Pursuant to 605.0207