112000107265

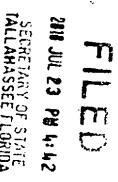
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400316021354

07/23/18--01005--026 **35.00



D BRUCE JUL 28 2018

COVER LETTER

	Registra Division				b		
SUBJEC	Salty	y Goat S	aloon LLC				
	~•· <u> </u>		Name of Lim	ited Liability Company			
			nendment and fee(s) are sub	_			
Please re	turn all co	orrespond	lence concerning this matter	to the following:			
			Christina Pettys				
				Name of Person		-	
			Pettys Tax & Accounting			.00 Filing Fee. rtificate of Status & rtified Copy ditional copy is enclosed)	
Firm Company							
8406 Panama City Bch Pkwy Ste B							
	Address						
			Panama City Beach, FL			- \$ s. \$	
			pettystax@gmail.com	City/State and Zip Code		ECRE ALCER	71
			E-mail address: (to be used for future annual r	report notification)	ASS	-
For furth	er inform	ation con	cerning this matter, please ca	ıll:		4 33 10 A	in
Caitlin Calloway		850 230	Signal Signal				
	i	Name of P	erson	Area Code	Daytime Telephone Number	₽ 7	
Enclosed	Lis a chec	k for the	following amount:				
■ \$25.00 Filing Fee				(additional copy is enclosed) Certified Copy			
			G ADDRESS:		COURIER ADDRESS:		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salty Goat Saloon LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) inited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L12000107265	npany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5 0 ≥
(Principal office address MUST BE A STREET ADDRES	<u> </u>	FE S
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		SSEE FLORIDA
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		enter_the_name_of_the_
Name of New Registered Agent:		
New Registered Office Address:	P. J. Dr	
	Enter Florida street address	
·	Floric	
	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 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 amending Authorized Person(s) authorized to manage, enter the tifle, 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
AMBR	Chris Calloway	208 Oxford Ave	⊟ Add
		Panama City Bch, FL 32413	□ Remove
		 .	☐ Change
			□ Remove
			☐ Change
			
			SECRETARE AND TAKEN
			SS D (Mage
			Propries Remove
			☐ Change
			Петоме
			Change
			Remove
			☐ Change

.1							
				_		_	
	·		-	•		-	
					<u> </u>		
-	-			-		-	
							-
	*						
							
	• .		-		·		A9
			<u></u>				SEC.
							2部 声
		<u> </u>					ASS. A
			<u> </u>		·		77 95
	-			-		- · ·	S TAT
			-				¥m N
					-		
ctive d	ate, if other	than the date of f the date must be specifi	īling:			(optional)	
<u>::</u> If the	date inserte	d in this block does r	not meet the a	pplicable statute	ling or more than 90 ory filing requirer) days after filing. nents, this date) Pursuant to 605.0, will not be listed
iment's	effective dat	e on the Department	of State's rec	ords.			
ecord	specifies a	a delayed effectiv	ve date hu	t not an effe	ctive time lat	12:01 a m	on the earlier
		r the record is fil		- 1,00 411 4114	ativa anna, ac	d.iiii	on the carrier
07/1	3/18						
rd	3/18						
		Cairli	in 2. Call	loung	sentative of a memb		
_		Signature	of a member or	authoried repres	sentative of a memb	DL'T	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00