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COVER LETTER

10:	Division of Cor		• .	
CHDI	SALA	ADE, LLC.		
SUDJ	DECT:		ited Liability Company	
The c	nclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
			Name of Person	
			Firm/Company	
			Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For fu	irther information c	concerning this matter, please ca	all:	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclo	sed is a check for the	he following amount:		
■ \$2	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

SALADE, LLC.		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records Limited Liability Company)	<u>r)</u>
The Articles of Organization for this Limited Liability C Florida document number L13000042736	company were filed on 03/21/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and end with the words "Lin	nited 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 ADDR	RESS)	
Enter new mailing address, if applicable:		Jan 9 mg
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address.		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>		rida
	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = ' Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUDITH E DESALEM	2130 NE 121 STREET	D Add
		NORTH MIAMI BEACH, FL 3318	31 ■ Remove
MGR	PAULA G ESTERSON	2130 NE 121 STREET	□ Add
		NORTH MIAMI BEACH, FL 3318	1 ■ Remove
			□ Add
			□ Remove
			_□ Remove
			Add
			_□ Remove
			 □ Add
			_□ Remove

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ffective date must be specific, cannot be prior to date of receipt or filed date and car ate this document is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
ctive date, if other than the date of filing: flective date must be specific, cannot be prior to date of receipt or filed date and car ate this document is filed by the Florida Department of State) d MARCH 24 2014	(optional) nnot be more than 90 days after

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Filing Fee: \$25.00