## L13000047457

·
(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



000248122240

05/21/13--01007--007 \*\*25.00

13 MAY 31 PH 4: 0

SECRETARY OF STATE

JUN - 3 2013

T. HAMPTON

## **COVER LETTER**

TO: ' Registration Sect Division of Corpo		, i	
SUBJECT: Sal	ty Media Name of Limite	ed Liability Company	<del></del>
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	Jessica	Pichelman Name of Person	
	SAlty	Feet Media L	<u>در</u>
	1376	Turnbull Bav	Rd
	_	ITNA BEACH F City/State and Zip Code	
	E-mail address: (10	SALLy Feet. Cor	on)
For further information cor	ncerning this matter, please ca	il):	
Sear P	erson Person	at ( <del>STT ) SIG 42</del> Area Code & Daytime Te	ephone 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

MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



RECEIVED

13 MAY 31 AM 6:41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 22, 2013

JESSICA PICHELMAN 1376 TURNBULL BAY RD NEW SMYRNA BEACH, FL 32168

SUBJECT: SALTYFEET MEDIA LLC

Ref. Number: L13000047457

We have received your document for SALTYFEET MEDIA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 813A00012967

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· SAlty fee	+ Media L	IC	
( <u>Name of the Lindited Liability</u> (A Florida	ty Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	• •	1-1-2013	and assigned
Florida document number <u> 430004745</u>	<u>7</u> .		ECRETAF SION OF MAY 3
This amendment is submitted to amend the following:			- 32k
A. If amending name, enter the new name of the lir	nited liability company her	<u>re</u> :	OF STATES
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	any," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, <u>enter th</u>	ie name of the ne
Name of New Registered Agent:			
New Registered Office Address:			+
	Εi	iter Florida street addr	·ess
		, Florida	
	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.

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 Title . Name Address Type of Action MGRM Kalie Pichelman 1376 TURNSUIL Bay Rd. DAdd New Smyrna Reach FL Remove 32168 Remove Remove Remove Remove

	2 –	
<u>5-15-</u>		_
Canal	ure of a member or authorized	

Page 3 of 3

Filing Fee: \$25.00

DIVISION OF CORPORATIONS