L13000047457

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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2113 AUG -5 AN IO: 43

SLOPETARY OF STATE
ARREST FOR DR.

COVER LETTER

†O: Registration Section Division of Corporations

SALTYFEET MEDIA 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:

JESSICA PICHELMAN

Name of Person

SALTYFEET MEDIA LLC

Firm/Company

1376 TURNBULL BAY ROAD

Address

NEW SMYRNA BEACH FL 32168

City/State and Zip Code

jess@saltyfeet.com

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

For further information concerning this matter, please call:

SEAN PICHELMAN

_.877 **819-427**3

Name of Person

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 Tällahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2013 AUG -5 AN IO: 43
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

Zip Code

SALTYFEET MEDIA 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 04/01/2013 Florida document number L13000047457	and assigned
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 "LL" "L.L.C."	C" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:	e name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street addre	255
Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amonding 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>	Name	Address	Type of Action
MGMR	CHRISTINA K BOLEN	3301 CAMAK DRIVE	Add
		AUGUSTA GA 30909	Remove
			Add
			
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

	r information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
JULY 22	2013
	Dessica Pichelman
	Signature of a member or authorized representative of a member Tessics Pichelman Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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SECRETARISSEE, FLORIDA