## 13000091001

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
(Boodinell Hambel)
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SEP - 3 2013

INFANA NI

## **COVER LETTER**

SUBJECT:	Name of Limited Liability Company	<del>-</del>
	f Amendment and fee(s) are submitted for filing. condence concerning this matter to the following:	FILE SECRETARIO SECRET
	Michael Kapes	PH 2: 54
	Name of Person	- / <sup>200</sup> - 2
·	Saltwater Strong, LLC.M	- Carlotta
	Firm/Company	_
	15404 Plantation Oaks Dr. #3	_
	Tampa, FL. 33647  City/State and Zip Code	_
	City/State and Zip Code mkapes153@yahoo.com	

Enclosed is a check for the following amount:

Name of Person

\$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:

Area Code & Daytime Telephone Number

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Saltwater Strong, LLC.				16.30 F	-
(Name of the Limited I	Liability Compar Florida Limited L	y as it now appears or lability Company)	our records.	100 X	
The Articles of Organization for this Limited Lia Florida document number L13000091001	bility Company	were filed on 6-25-1	3	and assign	7:184
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	lity company here:			
Saltwater Strong					
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company,"	the designation "I	LLC" or the abb	reviation
Enter new principal offices address, if applica	ble:	15404 P	lantation	Daks	DR,#3
(Principal office address MUST BE A STREET	(ADDRESS)	TAMPA,	F(. 33	647	<del>,</del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B  B. If amending the registered agent and/o registered agent and/or the new registered off	r registered of		records, enter	the name of	the new
Name of New Registered Agent:	Charles Mc	Guire			
New Registered Office Address:	2656	Bellinghan Enter	1 CT. Florida street add	tross	
	call C	oral	Floride		<b>\</b>
		City	, FIVIIQH	Zip Code	1

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LANZILOTTA, GARETT A	12387 83rd Ave North	Add
		Seminole, FL 33772	Remove
MGRM	LUCAS, NICHOLAS D	7371 112TH STREET NORTH	Add
		Seminole, FL 33772	Remove
MGRM	Michael Kapes	15404 Plantation Daks Di	
		#3 Tampa, Fl. 3364	Remove
MGRM	Charles McGuire	2656 Bellingham C+.  Cape Coral, FL. 33991	Add Remove
<del></del>		LAHASSEE LORIEA	7811 100 30 JH 2: 54
			_ Add Remove

<b>D.</b>	If am	ending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
•			
Date	ed	8-27	, 2013
		<del></del>	Signature of a member or authorized representative of a member  MICHAEL KAPES
			Typed or printed name of signee

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Filing Fee: \$25.00

SECRETARY OF STATE