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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	(Address) (Address) (City/State/Zip/Phone #) -UP	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer;	

Office Use Only



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COVER LETTER

SUBJECT:	SalvDX 1	_LC	
Division of Corporations JRJECT:			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	2744	E. Conhuercic	ed Blud.
	_ Ft. C	City/State and Zip Code	- 33308
	E-mail address:	to be used for future annual report not	fication)
For further information of			
Ningaa	S. D	at ()	Talankan Marka
Name	or reison	Area Code Dayum	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		

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

Salv [(Name of the Limited Liab) (A Florid	Ility Company as it now appears of da Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>LIAOOO & G</u>		/23/2014 and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the desig	mation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:	4	<u>.</u> .	
(Principal office address MUST BE A STREET ADD	RESS)		181AK
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18 PH 1:	FILEG CRETARY OF STAT ION OF CORPORATI
B. If amending the registered agent and/or regi		ur records, enter the name of	the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida		
	Enter Florida		
	City	, Florida 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 Authorized Person(s) authorized to manage, enter the title, 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
MGR	James La Bate	2744 E. Commercial	BIND Add
		2744 E. Commercial Ft. Lauderdale, Fla	☐ Remove
		33308	Change
			
			Remove
			Change
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			Remove
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The 90th	pecifies a dela day after the	record is file	ed.					ie earlie	er c
	<u>uly</u>	W Cn C Signature o	20	<u> 1 </u>					
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Page 3 of 3

Filing Fee: \$25.00