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(Requestor's Name)
(Nequestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Hame)
(Document Number)
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COVER LETTER

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TO: Registration Se Division of Cor			3 17	
	E LOGISTICS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this marter	to the following:		
	ALAN MURGAS			
	V	Name of Person		
	SALT LIFE LOGISTICS	LLC		
		Firm/Company		1
	PO BOX 627			
		Address		
	TAVERNIER, FL 33070			
	murgasalan@gmail.com	City/State and Zip Code		10000000000000000000000000000000000000
	E-mail address: (to be used for future annual report notific	cation)	2 2
For further information co	oncerning this matter, please c	all:		िंदी ह
ALAN MURGAS		305 570-9965 at ()		35 7F
Name o	f Person		Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te 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

SALT LIFE LOGISTICS LLC		
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on FEBRUARY 10, 2016	and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		最高
Enter new mailing address, if applicable:		TILE TO LE
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ente</u> e address here:	er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enier vioriaa sireet aaaress	
-	, Florida,	Zip Code
	City	sip cone

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>	<u>Address</u>	Type of Action
MGR	VALERIE C SLONE	PO BOX 627	
		TAVERNIER, FL 33070	■ Remove
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			Add
			□ Remove
			☐ Change
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing If the date inserted in this block does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.03
ment's effective date on the Department of State's records.	Thing requirements, this date will not be fisted
	the Maria and American and the con-
ecord specifies a delayed effective date, but not an effecti e 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier
d FEBRUARY 10 , 2016 ,	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00