L14000119027

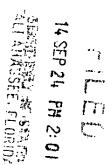
(Requestor's Name)
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(Business Entity Name)
(Business Entity Name)
(Document Number)
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September 22, 2014

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

Re: Salt This Way

Formation Amendment

To Whom It May Concern:

Enclosed please find an application for a **Formation Amendment**, that was completed for our client, **Salt This Way**. Once the application has been processed, please forward evidence of approval to the mailing address on the application.

If there is any issue, or if you require any further information, please do not hesitate to contact me.

Thank you,

Shayna Desai

LicenseLogix 150 Grand Street, 4th Floor White Plains, NY 10601 sdesai@licenselogix.com (800) 292-0909 x303

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Salt This Wa	av LLC		
	Name of Limit	ted Liability Company	···
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Shayna Desai		
		Name of Person	
	LicenseLogix		
		Firm/Company	
	150 Grand St, 4th Fl		
	130 01414 34 14111	Address	·
	White Plains, NY 10601		
	Willie Flains, 141 10001	City/State and Zip Code	
	E mail addraga (t	o be used for future annual report notifica	tion)
	,	•	
For further information cor	ncerning this matter, please ca	ill:	
Shayna Desai		at (800) 292 - 0909	9 x303
Name of I	Person	Area Code Daytime T	elephone 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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salt This Way LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our re da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on 7/29/2014	and assigned
Florida document number <u>L14000119027</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and end with the words "l	Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	go da 🙀
		SH T
		2 7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		2 6
		90
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		cords, enter the name of the new
	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		_, 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Kathleen J. Tierney	2100 NE 25th St	Add
		Wilton Manors, FL 33305	⊠ Remove
			Remove
	<u> </u>		Add
			□ Remove
			Add
			Add
			SELECTION OF THE CONTROL OF THE CONT
			Add
			Remove
			Add
			Remove

If amending any other in	formation, enter change(s) here: (Attach additional sheets, if necessary.)
 	
Effective data if other th	on the date of filings (entired)
(The effective date must be speci the date this document is filed t	an the date of filing: (optional) fic, cannot be prior to date of receipt or filed date and cannot be more than 90 days after by the Florida Department of State)
Dated 9/22/201	4
 	Signature of a member or authorized representative of a member
Suzann M. Hol	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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