

L 14000119027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

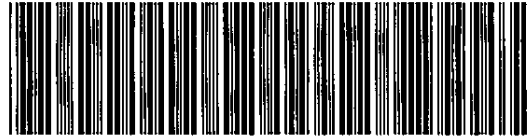
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 SEP 24 PM 2:01  
SEATTLE, WA  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/11/14 BY 60322



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 Section  
Division of Corporations**

**SUBJECT: Salt This Way 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:

Shayna Desai

\_\_\_\_\_  
Name of Person

LicenseLogix

\_\_\_\_\_  
Firm/Company

150 Grand St, 4th Fl

\_\_\_\_\_  
Address

White Plains, NY 10601

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Shayna Desai

\_\_\_\_\_  
Name of Person

at ( 800 )

\_\_\_\_\_  
Area Code

292 - 0909 x303

\_\_\_\_\_  
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  
Tallahassee, FL 32301

## Page 1 of 3

**MGR = Manager**  
**AMBR = Authorized Member**

**FILED**

**14 SEP 29 PM 2:01**

**Remove**

**Add**

**FBI - TAMPA**

**SEP 29 2014**

**TAMPA FLORIDA**

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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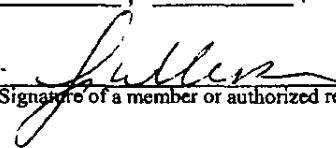
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 9/22/2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Suzann M. Hollis

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 SEP 24 PM 2:01  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA