L140001830a6

(Re	equestor's Name)	
(Ac	dress)	
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(Ci	ty/State/Zip/Phon	e #)
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	egistration Sect ivision of Corpo			*•
SUBJECT	Cape Run	Solutions LLC		
SUBJECT	•	Name of Limit	ed Liability Company	
		mendment and fee(s) are subn	-	
		James E. Tunstall		
			Name of Person	
		Salt Run Solutions Ll	LC	
			Firm/Company	
		940 Lew Blvd		
			Address	 -
		Saint Augustine, FL	32080	
			City/State and Zip Code	
		tunstalljames@ymail.		9
72 C 4			o be used for future annual report notifica	non)
For further	r information cor	cerning this matter, please ca	II:	
James I	E. Tunstall		954 604-1661	
	Name of I	Person	Area Code Daytime To	elephone Number
Enclosed i	s 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

_ Cape Run S	Clutions LLC (y Company as it now appears on our records.) Limited Liability Company)
(<u>Name of the Limited Liabilit</u> (A Florida	Company as it now appears on our records. Limited Liability Company)
The Articles of Organization for this Limited Liability Consider document number L14000183026	ompany were filed on November 26, 2014 and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
Salt Run Solutions LLC	
The new name must be distinguishable and end with the words "Lin	nited 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 ADDR	(ESS)
Enter new mailing address, if applicable:	SECUL TARY OF CT
(Mailing address MAY BE A POST OFFICE BOX)	P 2000
	3: ATTO
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Zitter i to i tala su cer adar est
	, Florida City Zip Code
New Degistered Agentla Signature if shougher Degisteres	•

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Deborah E. Tunstall	940 Lew Blvd, Saint Augustine, FL	3208 0 ■ Add
			☐ Remove
<u></u>			
			□ Remove
			🗆 Remove
			SECRETAL DIVISION OF
		ARY OF STATE CORPORATION	
			ATE XTIONS
			A Remove
			Add
			Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Article III: Organizational Support and Creative Works.
•	
(The eff	tive date, if other than the date of filing:
Dated	December 8 , 2014 .
	Signature of a member or authorized representative of a member
	James E. Tunstall
	Typed or printed name of ciange

Page 3 of 3

Filing Fee: \$25.00