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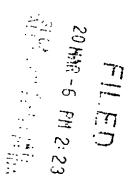
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TO:

Tallahassee, FL 32314

| TO: Registrat Division | | | | | | | | | |
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| | 'FRON' | T HOSPITALITEA MANAGI | EMENT LLC | | | | | | |
| SUBJECT: | | Name of Limi | ited Liability Company | | | | | | |
| The enclosed Artic | cles of A | Amendment and fee(s) are sub- | mitted for filing. | | | | | | |
| Please return all co | orrespor | ndence concerning this matter | to the following: | | | | | | |
| | | BRIAN STORMAN | | | | | | | |
| | | | Name of Person | | | | | | |
| | | | Firm/Company | | | | | | |
| | | 9401 TREASURE LN NE | | <u></u> | | | | | |
| | | | Address | | | | | | |
| | | ST PETERSBURG FL 33702 | | | | | | | |
| | | BRIANSTORMAN@LIVE | City/State and Zip Code COM to be used for future annual report noti | fication) | | | | | |
| For further inform | ation co | oncerning this matter, please ca | | | | | | | |
| BRIAN STORMA | ۸N | | 727 460-8868 | | | | | | |
| Name of Person | | | e Telephone Number | | | | | | |
| Enclosed is a chec | k for th | e 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 A | | | Street Address: | ation | | | | | |
| Registra Division | | ection orporations | Registration Se Division of Co | | | | | | |
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RECEIVED JAN 24 2020

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAYFRONT HOSPITALITEA MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _3/2/2015 and assigned Florida document number L15000038386 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SALTY BAY CONSULTING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida _ City 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 |
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| Sective date, if other than the an effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the | iust be specific : block does no | and cannot be at meet the a | applicable | ue of filing o statutory fi | r more than ling requir | (opti 90 days afic ements, thi | r filing.) Pur | suant to 6 not be 1 | 505.020 isted a |
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Filing Fee: \$25.00