

L15000047735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

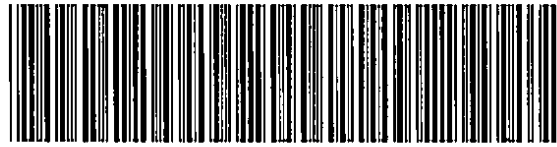
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900319755449

10/17/18--01058--008 **30.00

OCT 27 2018
S. YOUNG

FILED
18 OCT 17 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

O: **Registration Section**
Division of Corporations

SUBJECT: B SALT 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:

ANTHONY J MILLER

Name of Person

Firm/Company

277 ROYAL POINCIANA WAY #188

Address

PALM BEACH, FL 33480

City/State and Zip Code

AJMILLERFL@GMAIL.COM

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 OCT 17 PM 3:39

FILED

For further information concerning this matter, please call:

ANTHONY J MILLER

Name of Person

at (561)

Area Code

723-2028

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

B SALT L.L.C

(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 OCTOBER 4, 2018 and assigned
Florida document number L1500047735

This amendment is submitted to amend the following:

1. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

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. SALT L.L.C.

277 ROYAL POINCIANA WAY 188
PALM BEACH, FL 33480

3. 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:

ANTHONY J MILLER

New Registered Office Address:

277 ROYAL POINCIANA WAY 188

Enter Florida street address

PALM BEACH

City

Florida

33480

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

of 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>	<u>Type of Action</u>
REGISTERED AGENT	RUTH PELLETIER	2400 N. FLAGLER DR.	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
18 OCT 17 PM 3:39
BALDWIN COUNTY, ALABAMA
STATE OF ALABAMA
RECEIVED

18 OCT 17 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
18 OCT 17 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

o) The 90th day after the record is filed.

Dated OCTOBER 4, 2018

Pissara Hammam

Signature of a member or authorized representative of a member

PRISSANA HAMMAN

Typed or printed name of signee