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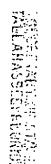
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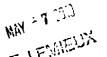


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### **COVER LETTER**

	Registration S Division of Co			,
SUBJEC	т: <u>5</u> 0	Altgrass Rea	ed Liability Company	
The enclo	osed Articles o	f Amendment and fee(s) are subm	nitted for filing.	
Please re	turn all corresp	oondence concerning this matter to	o the following:	
		Andrew	Sal tman Name of Person	
		Saltgras	S Realty LCC Firm/Company	
		100 Execu	tive way St	e114
		Ponte Veda  PVB Sal  E-mail address: (to	City/State and Zip Code  City/State and Zip Code  Code of GMALL  De used for future annual report notifi	L 32082
For furth	er information	concerning this matter, please cal	II:	
A		Sal Man of Person	at OO4 210 - Area Code Daytime	2384 Telephone Number
Enclosed	is a check for	the following amount:		
<b>525.</b> 0	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

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Saltgrass Realty 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 5/7/15 and assigned Florida document number 15000080162
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  PLE Real ESTATE and Invest must be distinguishable and contain the words "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 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
New Registered Agent's Signature, if changing Registered Agent:
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 is company has been notified in writing of this change.

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 Title DEXECUTIVE WAY STELLY **Name** Mason ROSS Onte VedraBd ☐ Change \_□ Add \_□ Remove \_\_\_\_\_ Change □ Add □ Remove t ☐ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

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record s he 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early day after the record is filed.	ier of
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	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00