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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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K.SALY EXAMINER APR - 6

## **COVER LETTER**

то:	Registration Se- Division of Cor			
SUBJI	ECT:	Salt Life Name of Limi	ted Liability Company	LLC
The en	closed Articles of .	Amendment and fee(s) are subt	mitted for filing	
Please	return all correspo	ndence concerning this matter t	to the following:	·
		Adri Mid	Name of Person  Wildlefor  Firm/Company  F. 6th	Soler Am
			Address	
		Tal	ahussee FL	32302
		E-mail address 4	City/State and Zip Code  Mad Leta a  Lebe used for future annual report noti	ndm dalter. (on
For fu	ther information c	oncerning this master, please ca	all:	
	Tavius Name o	Madletun	at ( <u>\$50</u> ) 72 <b>4</b> Area Code Daytim	2746 Telephone Number
Enclos	ed is a check for the	ne following amount:		
\$2	5.00 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

ANDVEL FILED

<b></b>	4 5	C SFORM SFORM 2: 32
- Salt L	Le Hooring LL	SECTION 18.32
(A Florid	ity Company as it now appears on our record a Limited Liability Company)	WILLANDS TO SEE
The Articles of Organization for this Limited Liability C	Company were filed on 6/5/15	and assigned
Florida document number	, ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. Wamending the registered agent and/or regis	stered office address on war record	is enter the name of the new
registered agent and/or the new registered office add	ress here:	.A. Cheer the name of the new
		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	22
·	, F	lorida Zip Code
	City	zip coue

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 = Max $AMBR = Au$	anager uthorized Member						
<u>Title</u>	<u>Name</u>		Addres	<u>s</u>		Type of Action	ļ
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ffective date, if other than the date of filing: (optional)	lote: If the date inserted in t	nis block does not meet the appl	icable statutory filing requ	airements, this date will no	nt to 605.0207 (3 t be listed as th
lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the	ocument's effective date on	he Department of State's record	ls.		
lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the	e record specifies a de	aved effective date, but r	ot an effective time	at 12:01 a.m. on the	e earlier of:
lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.					
ffective date, if other than the date of filing:  (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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.  The effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.	<i>A</i> ' ' I	1 7011			
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.  The south day after the record is filed.	Dated Hpri	_6	•		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.  The south day after the record is filed.					
Rote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:					
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.  The south day after the record is filed.		Signature of a member or au	thorized representative of a r	nember	

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Filing Fee: \$25.00