1500165859

(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	WAIT	MAIL
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D. SCOTT MAY 31 2017

COVER LETTER

TO: Registration Section of Corp.			
subject: Salt	water Build Name of Lim	lers LLC. ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Forrest	- CO+hron Name of Person	
	Saltw	ater Builders Firm/Company	LLC
	5750	NW 57th Ct. Address	
		City/State and Zip Code	Iders com
For further information on		© Salt sate built to be used for future annual report notified.	ication)
ror lattice information con	ncerning this matter, please co	ati.	
Name of I	Person	at () Area Code Daytime	Telephone Number TLED
Enclosed is a check for the	following amount:		SEPT PER CALL
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Saltwater Buil (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>15000165859</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	were filed on 9130115	and assigned	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	19685 SE US	19	
(Principal office address MUST BE A STREET ADDRESS)	old Town, FL	39080	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			_
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the	 new
	•	門	, <i>.</i>
Name of New Registered Agent:		题 美卫	_:
New Registered Office Address:		30 E	'nġ
	Enter Florida street address	型。	
	, Florida	n <u>1957 ti</u>	
	City	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

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> <u>Address</u> **Type of Action** □ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove CRETTO Remove _D Add ☐ Remove

☐ Change

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ctive date, if of	ther than the dat	te of filing:	not be prior to dat	e of filing or more	than 90 days after	onal) filing.) Pursuant to 605.0
e: If the date ins	erted in this block	does not meet t	the applicable s	tatutory filing r	equirements, this	s date will not be listed
iment's effective	e date on the Depar	tinent of State	s records.			
ecord specifi	es a delayed ef	fective date	, but not an	effective tim	e, at 12:01 a	ı.mon,the-earlier
ne 90th day a	ifter the record	is filed.	,		•	己的
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	Sign	nature of a memb	er or authorized	representative of	a member	

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Filing Fee: \$25.00