

L15000174218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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21 SEP 17 PM 12:27

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Salty Brim, 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:

Henry Spencer Kirton

Name of Person

Firm/Company

Post Office Box 1423

Address

Okeechobee, FL 34973

City/State and Zip Code

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

For further information concerning this matter, please call:

Henry Spencer Kirton

863 634-7129
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

21 SEP 17 PM 12:27

Salty Brim, 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 October 13, 2015 and assigned
Florida document number L15000174218.

This amendment is submitted to amend the following:

A. 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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3514 SW 26th Street

(Principal office address MUST BE A STREET ADDRESS)

Okeechobee, FL 34974

Enter new mailing address, if applicable:

Post Office Box 1423

(Mailing address MAY BE A POST OFFICE BOX)

Okeechobee, FL 34973

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:

Henry Spencer Kirton

New Registered Office Address:

3514 SW 26th Avenue

Enter Florida street address

Okeechobee

City

, Florida 34974

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Shannon C. Lightsey	Post Office Box 652	<input type="checkbox"/> Add
		Okeechobee, FL 34973	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Henry Spencer Kirton	Post Office Box 1423	<input checked="" type="checkbox"/> Add
		Okeechobee, FL 34973	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 13, 2021

H. San Kuth
Signature of a member or authorized representative of the applicant

Signature of a member or authorized representative of a member

Henry Spencer Kirtan

Typed or printed name of signee

Filing Fee: \$25.00

RESIGNATION

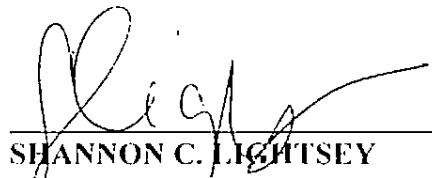
TO WHOM IT MAY CONCERN:

The name of the limited liability company as it appears on the records of the Florida Department of State is **SALTY BRIM, LLC**.

This limited liability company was organized under the laws of Florida.

The Florida document/registration number of this limited liability company is L15000174218.

I, **SHANNON C. LIGHTSEY**, hereby tender my resignation as a Member and President of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



SHANNON C. LIGHTSEY