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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Salt Pier Properties, 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:
RUSS CONNETT
Name of Person
Firm/Company
1905 NW 137th Terrace
Pembroke Pines, FL 33028 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Russ Council at (954) 609-9677  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee .  Certificate of Status  □ Certified Copy

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

Salt Pier F	Properties LLC 2022 AUG -8 AH II: 53 hiv Company as it now appears on our records.)
(Name of the Limited Liabil (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability of Florida document number <u>L15000 19446</u> :	- · · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 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>	Name	Address	Type of Action
AMBR	Equity Asset, LLC	1718 Capital Ave	<b>X</b> īAdd
	,	1718 Capital Ave Cheyenne, WY 82001	□Remove
			🖾 Change
AMBR	Russ S Connell	1905 NW137 th Tell.	□Add
		Pembroke Pines, FL 33028	<b>X</b> Remove
			□Change
AMBR	Laurie K Connell	1905 NW 137th Terr.	□Add
		Pembroke Pines FL 33028	_ <b>.</b> ∕ÆRemove
			□Change
			□Add
			Remove
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Note: If the da	if other than the desired the date must be inserted in this blocketive date on the Dep	ck does not n	neet the appl	icable statuto	ng or more than ry filing requi	(option 90 days after forements, this o	nal) iling.) Pursuant to date will not be	605.0207 listed as
e record specifi rd is filed.	es a delayed effective	date, but not	; an effective	time, at 12:0	l a.m. on the o	earlier of: (b)	The 90th day :	itter the
Dated A	igust 8 Reiss	2	. <u>20)</u>	<u>)                                    </u>				
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Filing Fee: \$25.00