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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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DEC 13 2016 S. YOUNG TALLAHASSEE TLOLIDA

COVER LETTER

| TO: Registration Section Division of Corpor | | |
|---|---|--------------------|
| SUBJECT: SALVI | Name of Limited Liability Company | |
| The enclosed Articles of Ame | endment and fee(s) are submitted for filing. | |
| Please return all corresponde | nce concerning this matter to the following: | |
| | ERIN FULLINGTON Name of Person | |
| | DBR ENTERTAINMENT | |
| | Firm/Company | - 20 |
| | 120 W. PUJO ST., STE. 300 | 6 PE |
| | | |
| | LAKE CHARLES, LA 70601 | P 7 |
| - | City/State and Zip Code erinf@doreenergy.com E-mail address: (to be used for future annual report notification) | ALLAHASSEE FLORIDA |
| For further information conc | erning this matter, please call: | |
| ERIN FULL | | |
| raile of re | Area code Baytime Telephone Number | |
| Enclosed is a check for the for | ollowing amount: | |

□ \$55.00 Filing Fee & Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

\$60.00 Filing Fee, Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SALVATI'S P | IZZA FACTORY, L | LC |
|--|---|------------------------------------|
| (Name of the Limited) (A | Liability Company as it now appears on our Florida Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liab Florida document number -2-600092 | ility Company were filed on <u>5/13/</u> | 2016 and assigned |
| This amendment is submitted to amend the follow | ing: | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| The new name must be distinguishable and contain the word | s "Limited Liability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | le: | |
| (Principal office address MUST BE A STREET A | ADDRESS) | <u> </u> |
| | | 유 관리 |
| | | - S S S |
| Enter new mailing address, if applicable: | | - Pic |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | T Post |
| | | |
| | | - F |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | ecords, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street | -11 |
| | Enier r Iorida street | |
| | City | , Florida 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 **Type of Action** Name **Address** Title 415 Sandy Cay Dr. DAdd Paul Barcus MGR Miramar Beach, FL 32550 Kremove ☐ Change Dominion Capital, UC 415 Sandy Cay Dr. Miramar Beach, FL 32550 Remove □ Change WD Entertainment, UC 120 W. Pujo St. Ste 300 MAdd MGR Lake Charles, LA 70601 - Remove Aqua Capital, LLC 1712 Pioneer Ave. 201 Cheyenne, WY 82001 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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| (If an ef Note: | ve date, if other than the date of filing: |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| | December 77 , 12016 |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00