

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

: M. FAEHNER, ESQ. LLC Account Name

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SALTWATER DESTINATION, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

TO:		istration Sec ision of Corp				
arin m	~	SALTWAT	ER DESTINATION, LLC			
SUBJE	CT:		Name of Limi	ted Liability Company		
The encl	losed	l Articles of a	Amendment and fee(s) are subr	nitted for filing.		
Please re	etum	all correspo	ndence concerning this matter t	to the following:		
			Michael J, Faehner, Esq.			<u>*</u> ≅
				Name of Person		
			M. Faehner, Esq. LLC			NEW SET
				Firm/Company		, <u>j</u>
			600 Bypass Drive, Suite	100		7
				Address		သုံ
			Clearwater, FL 33764			ပ
				City/State and Zip Code		
			filings@mfaehner.com		_	
			E-mail address: (to be used for future annual re	ont notification)	
For furt	ther i	nformation c	oncerning this matter, please co	all:		
Michae	el J.	Faehner, E	sq.		5190	
		Name o	of Person	at () Area Code	Daytime Telephone Number	· -
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		Divisi	on of Corporations	Division o Clifton Bu	f Corporations	
			lox 6327 assee, FL 32314		utive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALTWATER DESTINATION, LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were f	iled on 07/12/2016 and assigned
Florida document number L16000131494	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	pany," the designation "LLC" or the abbreviation."L.L.C."
Enter new principal offices address, if applicable:	· 😭
(Principal office address MUST BE A STREET ADDRESS)	
	AH.
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
-	
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the ne
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
C	ity 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 tifle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	SPAIN, ERIC H	1441 ISLAND DR. S.	
MGR 			
		ST. PETER\$BURG, FL 33707	_
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September :	5 My J	2018	uthorized represents	nive of a member		

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Filing Fee: \$25.00