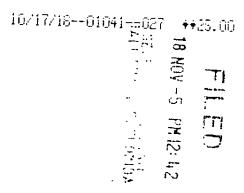
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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	Dixie Ink, L	.LC.		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Marc L Rosenow		
		Salty Crab Outfitters, LLC	Name of Person	
		2662 Bayshore Blvd.	Firm/Company	
		Dunedin, FL 34698	Address	 .
		saltycraboutfitters@gmail.c	City/State and Zip Code om	
D 2			to be used for future annual report notifi	ication)
For furt	her information co	oncerning this matter, please ca	all:	
Marc L	Rosenow		414 412-5738 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dixie Ink, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 9/12/2016	and assigned
Florida document number 1.16000169540		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Salty Crab Outfitters, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2662 Bayshore Blvd.	
(Principal office address MUST BE A STREET ADDRESS)	Dunedin, FL 34683	
		2
Enter new mailing address, if applicable:	2662 Bayshore Blvd.	G T
(Mailing address MAY BE A POST OFFICE BOX)	Dunedin, FL 34683	
		<u> </u>
		# <u>2</u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the new
registered agent andror me new registered wiree address ner	<u>·</u>	
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street address	
	, Flor	
	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 = Ma $AMBR = Au$	inager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ending any other information, enter change(s) h			
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the date of filing:	·	(optional)	_ ₹
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be effective date inserted in this block does not meet the a ument's effective date on the Department of State's re-	TENE TO THE TENE T	ments, this date	will not be lis
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record specifies a delayed effective date, bu	ut not an errective time, a	LIZ.UI G.III.	J.1 C.10 Cd.1
he 90th day after the record is filed.			
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////www or Kuranos	or authorized representative of a mer	nber	
MARC L Rose	or authorized representative of a me.		

Page 3 of 3

Filing Fee: \$25.00