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COVER LETTER

TO: Registration Section Division of Corporations	• •
SUBJECT: J Salgado Peal tox J+C 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:	٠
Julio A Salgado Name of Person	
J Salgado Real tox LLC Firm/Company	
2436 Marcasite 200P	
Tissimme FJ 34743 City/State and Zip Code	•
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Scal Scal Code at (407) 791-0365 Area Code Daytime Telephone Number	•
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\simegatterightarrow{\simegatilength}{	

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

TS	ilaado Pertor	HC
	ty Company as it now appears on our ra a Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C	Company were filed on	- 2016 and assigned
Florida document number <u>J. 16000 188 19</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	Salgado IIC	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	· .
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		cords, enter the name of the new
Name of New Registered Agent:		200
New Registered Office Address:	Enter Florida street d	nddress
		_, Florida
	Ciţv	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

MGR = M	from our records: Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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If an effective da	te is listed, the date must	be specific and	cannot be prior	to date of filing	or more than 90 day	(optional) s after filing.) Pu	irsuant to 6	05.0207
	ate inserted in this blo fective date on the De				iling requirement	is, this date wil	I not be ii	sted as
he record sp The 90th o	pecifies a delayed day after the reco	effective d	ate, but no	t an effectiv	e time, at 12	:01 a.m. on	the ear	lier of
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Dated	111	<u>_</u> ,	2016	<u>2</u> .				
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	Jul	Signature of a n	nember or Author	prized representa	tive of a member			
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Filing Fee: \$25.00