

(Re	questor's Name)	
(ive	equestor's Marrier	
	dress)	
(//0	uiess)	
	U	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



100306183171

SO IS RUL 1- 330 LIDE

DEC 0 5 2017 Y SULKEP

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: 70	MS Enter	Med Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subr	mitted for filing.	
Please return all corresponder	nce concerning this matter t	to the following:	
-	Lauren	TeynS Name of Person	
-	Salty	ESCAPES Firm/Company	
-	701 Force	St St Address	
-	1	FL 3254 City/State and Zip Code alty-escapes - Co o be used/for future annual report no	OYY)
For further information conce	rning this matter, please ca	11:	
AUXEN TEC	Son S	at (\$50) 598- Area Code Dayti	ne Telephone Number
Englosed is a check for the fo	flowing amount:		
5 \$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

Teems Enterprise	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 12/15/10 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
Salty Escapes LLC	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u></u>
	ا دے
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	3
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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:

mager thorized Member	X	
<u>Name</u>	Address	Type of Action
		O Add
		□ Remove
		□ Change
		□ Add
		☐ Remove
		□ Change
		Add ∑;
		□.Remove
		Change
		ÇÇ ÇÇ —————□ Add
		☐ Remove
		Change
		□ Remove
		Add
		Ветюче
	nager Name	thorized Member

. 11 // /	
	
	ر:
	<u>:</u>
	<i>J</i> 2.
	ći T
Effective date, if other than the date of filing:	(optional)
If an effective date is listed, the date must be specific and cannot be prior to date of filing on Note: If the date inserted in this block does not meet the applicable statutory for document's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.02: Hing requirements, this date will not be listed a
he record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier
Dated November 30th, 2017.	

Page 3 of 3

Filing Fee: \$25.00