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(Requ	estor's Name)	
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COVER LETTER

O: Registration Section Division of Corporations
UBJECT: Salty FT Cape S LC Warne of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Name of Person Salty Escapes Firm/Company
701 Foxest St Address
Chy/State and Zip Code Auren a Salty (Scape 5 . Com) E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Name of Person at (SD) 598-19105 Area Code Daytime Telephone Number
inclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \$\ \text{Certified Copy} \text{(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

Name of the Limited Liab	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	. ' '	igned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the abbreviation "L.1	L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	\$805; \$108; \$108;
	12	11334
Enter new mailing address, if applicable:	ع	ZH engl
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	٠ <u>٠</u> ٠٠.
		<u> </u>
B. If amending the registered agent and/or represented agent and/or the new registered office as	gistered office address on our records, <u>enter the name o</u> ddress here:	of the new
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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MAR	Billy J. Teem:	5 701 Foxeot St	Add
	J	Destin, FL 32541	Е Кеппоче
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			□ Add
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an effe ote:	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 t 90th day after the record is filed.	he earlier
	Jun. 25 . 2018.	
ated_		
ated _	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00