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DIVISION OF CORPORATIONS
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Salgi Group Land Trust LLC. Name of Himited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Giovanni Venetico Name of Person
Salgi Group Land Trust LLC.
2840 NE 14th Street Csing, 414 A
Pompano Beach, FL 33062 City/State and Zip Code
Salgigroup. Landtrust @ gmail. Com Le-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Giovanni Venetico at (954) 870-0877  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \Bigcup \Bigcup \S30.00 Filing Fee \& \Bigcup \Bigcu

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

Sala Group Land	1 Trust LLC.
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L1700062170</u> .	re filed on March 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability C	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)  ——————————————————————————————————	NA
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the nev
Name of New Registered Agent:  New Registered Office Address:	Euler Flarida/street address
	, Florida 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
AMBR	Caterina Venetico	11824 Place Gilles Trotties	` Œ∕Add
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ective date, if other the		_ (optional)
te: If the date inserted in	late must be specific and cannot be prior to date of filing or more than 90 this block does not meet the applicable statutory filing requirement the Department of State's records.	ents, this date will not be listed a
ament's effective date of	the Department of State's records.	
record specifies a de The 90th day after th	elayed effective date, but not an effective time, at 1	12:01 a.m. on the earlier
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-	<u>4</u> , <u>2018</u> .	_
-	1)	
-	Signature of a member or authorized representative of a member	
		160 FEB 22
-	Signature of a member or authorized representative of a member of signee Venetico	18 FEB 2   PM 5: 0@

Filing Fee: \$25.00