## L/7000105277

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## **COVER LETTER**

Division of	f Corporations
30-A S SUBJECT:	Salted LLC
	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all corr	respondence concerning this matter to the following:
	Brad Congleton
	Name of Person
	Brad Congleton CPA Inc
	Firm <sup>2</sup> Company
	2050 W. County Highway 30a #214
	Address
	Santa Rosa Beach, FL 32459
	City/State and Zip Code
	Brad@cpaon30a.com
	E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
Brad Congleton	850 622-2280 at ( )
Na	art ()  Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
<b>≘</b> \$25.00 Filing Fe	ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

30-A Salted LLC				
( <u>Name of the Limited Liah</u> (A Flor	illity Company as it now appears on our re ida Limited Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Florida document number L17000105277	Company were filed on May 11, 2017	and a	ıssigno	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and contain the words "L	imited Liability Company." the designation "	LLC" or the abbreviation '	L.L.C.	•••
Enter new principal offices address, if applicable:	<del></del>			
(Principal office address MUST BE A STREET ADI	DRESS)		17	
-			呂	と記念
		·	, 2,	TASSA TASSA
Enter new mailing address, if applicable:			<u>~:</u>	
(Mailing address MAY BE A POST OFFICE BOX)		<b>.</b>		
			N)	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	• *	ords, <u>enter the nam</u>	<u>e of (</u>	the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street aa	ldress		
		. Florida		
	City	Zip Cod	e	

## 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
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		Santa Rosa Bech, Fl. 32459	Remove
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record specif he 90th day _				ate, bı	ut not a	an effe	ctive ti	me, at	12:01	a.m. o	n the ea	arlier
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Filing Fee: \$25.00