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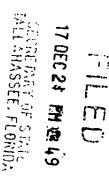
(Re	equestor's Name)	
(Ad	ddress)	
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(C	ity/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	<u></u>
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	·

Office Use Only



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EM POWERING # AMERICA'S # ENTREPRENEURS

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315 West Haven, Suita 240

Aus Arier, 20 4810)

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

December 12, 2017

Re: Un-Salt life LLC

Dear Sir or Madam:

Enitia Corporation has been authorized by Jody Wilcox-Nix to file the enclosed Amendment for Un-Salt life LLC. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free) documents@directincorporation.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Enitia Corporation

www.enitia.com

## **COVER LETTER**

Division of Co	rporations			
SUBJECT:	UN-SALT LIF	E LLC		
3000EC1.	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Sh	annon Stahlin		
		Name of Person		
	Direct Incorporation			
	Firm/Company			
	31	5 W Huron St., Ste 240	<u> </u>	
		Address		
	An	n Arbor, MI 48103		
		City/State and Zip Code		
		Direct Incorporation  Firm/Company  315 W Huron St., Ste 240  Address  Ann Arbor, MI 48103  City/State and Zip Code  documents@directincorporation.com  E-mail address: (to be used for future annual report notification)  s matter, please call:  at (877) Area Code  Daytime Telephone Number		
	E-mail address: (	to be used for future annual report notifi	cation)	
For further information	concerning this matter, please ca	all:		
Shannon	Stahlin	at ( 877 ) 281-64	96	
Name	of Person		Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	

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

### **UN-SALT LIFE LLC**

( <u>Name of the Limited</u> ()	Liability Compai Florida Limited L	iy as it now appears on ou iability Company)	r records.)	
The Articles of Organization for this Limited Lia		were filed on 09/29	9/2017	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	<u>he limited liabi</u>	lity company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the designati	on "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		39031 Citade	el Circle	
(Principal office address MUST BE A STREET	ADDRESS)	Zephyrhills	<del></del>	
		FL 33542		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	39031 Citad Zephyrhills FL 33542	el Circle	17 DEC 24 PM
B. If amending the registered agent and/o registered agent and/or the new registered offi	-		<b>O</b>	
Name of New Registered Agent:	Jody Wil	cox-Nix		
New Registered Office Address:	_39031 Ci	tadel Circle		
	<u> </u>	Enter Florida stre	et address	
	Zephyrl	hills	, Florida	33542
		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.

Toly W. (X-NX

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	<b>Type of Action</b>
AMBR	Norman Nix	6124 11th Street	
		Zephyrhills, FL 33542	<b>∑</b> Remove
			Change
AMBR	Jody Wilcox-Nix	39031 Citadel Circle	
		Zephyrhills, FL 33542	Remove
			<b>Ճ</b> Change
			Add
			Remove
			Remove
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ective date, if other than the date of filing:	(optional)	69	
reffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 te: If the date inserted in this block does not meet the applicable statutory filing requires nument's effective date on the Department of State's records.	ments, this date w	ill not b	e listed
record specifies a delayed effective date, but not an effective time, at he 90th day after the record is filed.	12:01 a.m. or	n the €	earlier
ed December 12th 2017			
			_
Signapor of a member or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00