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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| Div | ision of Corp | porations | | | |
|----------------|---------------------------|--|---|--|--|
| SUBJECT: | Saltwater Remodeling, LLC | | | | |
| SUBJECT. | | Name of Lim | ited Liability Company | | |
| The enclosed | d Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return | all correspon | ndence concerning this matter | to the following: | | |
| | | Sara Escamilla | | | |
| | | | Name of Person | | |
| | | Saltwater Remodeling, L | LC | | |
| | | | Firm/Company | | |
| | | 3082 Garden Terrace N | Ε | | |
| | | | Address | , | |
| | | Palm Bay, FL 32905 | | | |
| | | | City/State and Zip Code | | |
| | | saltwaterremodel@gmail | | | |
| | | | to be used for future annual report noti | fication) | |
| For further in | nformation co | oncerning this matter, please co | all: | | |
| Sara Escar | milla | | 321 586-6552 | | |
| | Name of | Person | at () Area Code Daytim | e Telephone Number | |
| Enclosed is a | t check for th | e following amount: | | | |
| □ \$25.00 F | 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) | |
| | MAILI | NG ADDRESS: | STREET/COURI | ER ADDRESS: | |

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

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

| Saltwater Remodeling, LLC | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| (Name of the Limited Liability Com (A Florida Limite | npany as it now appears on our reed Liability Company) | ecords.) | | | | | | |
| The Articles of Organization for this Limited Liability Compa | and assigned | | | | | | | |
| Florida document number L18000073397 | | | | | | | | |
| This amendment is submitted to amend the following: | | | | | | | | |
| A. If amending name, enter the new name of the limited li | ability company here: | | | | | | | |
| The new name must be distinguishable and contain the words "Limited Li | ability 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) | | C2 | | | | | | |
| | | control of the contro | | | | | | |
| | | | | | | | | |
| Enter new mailing address, if applicable: | | 12 / | | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | P 2000 | | | | | | |
| 1 | | 9. 5. | | | | | | |
| | | 27 | | | | | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | | cords, <u>enter the name of the nev</u> | | | | | | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| New Registered Office Address: | | | | | | | | |
| | Enter Florida street a | ddress | | | | | | |
| | | . 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 |
|--------------|-------------------------|-------------------------------------|----------------|
| MGR | Sayuri Samuel Escamilla | 3082 Garden Terrace NE Palm Bay, FL | 32905 ■ Add |
| | | | Remove |
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| | 7/6/2018 | | |
| ective date, if other than the da | te of filing: | (optional) ing or more than 90 days after (iling.) Pursua | |
| te: If the date inserted in this block | does not meet the applicable statuto | ry filing requirements, this date will no | |
| cument's effective date on the Depa | rtment of State's records. | | |
| | | | |
| | | ctive time, at 12:01 a.m. on th | e earlier |
| he 90th day after the record | is med. | | |
| July 6 ed | 2018 | | |
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Page 3 of 3
Filing Fee: \$25.00

Typed or printed name of signee

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