

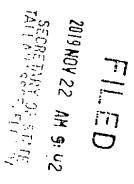
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



200337299792

11/22/12--01011--028 \*\*85.00



Y SULKER DEC 30 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Salted Fry LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hannah Boyd Name of Person
Business Control Service Inc.
3925 S. Nova Rd
Port Orange, FL 32127 City/State and Zip Code
bes @business controlservice. net
For further information concerning this matter, please call:
Hannah Boyd at (386) 160-5454  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certificate of Status}\$\$ \$\Bigcup \$\text{Certified Copy} \\ \text{tadditional copy is enclosed}\$\$\$ \$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

The Salte	d Fr	y LLC	
(Name of the Limited (A	Florida Limited L	iy as it now appears on ou liability Company)	r records.,}
The Articles of Organization for this Limited Liab Florida document number <u>L18000198</u>		were filed onOS	$\frac{17/18}{}$ and assigned
This amendment is submitted to amend the following	ing;		
A. If amending name, enter the new name of th	<u>e limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the word	s "Limited Liabili	ty Company," the designati	on "LLC" or the abbreviatioL.C."
Enter new principal offices address, if applicabl	le:		10 <b>9 7 1 1 2 1 3 1 1 1 1 1 1 1 1 1 1</b>
(Principal office address MUST BE A STREET)	(ADDRESS)		77.2 77.2 7.2.2
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BO</u>	<u>)X)</u>	342 Do	Dora, FL 32757
B. If amending the registered agent and/or registered agent and/or the new registered office			records, enter the name of the new
Name of New Registered Agent:	Do	ile Duffy	
New Registered Office Address:	342	DOVA DVO Enter Florida stre	awdy way
-	Mou	ent Dora	Florida <u>32757</u>

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.

It.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>	Name	Address	Type of Action
MER	Amy Colangelo	21851 Lake Senecak	2d □ Add
		Eustis, FL 32736	Remove
			Change
			🗖 Add
		<del></del>	Remove
			Change
			□ Add
			□ Remove
			Change
			🗆 Add
			🗆 Remove
			🗆 Change
	<del></del>		O Add
			🗆 Remove
			Change
			□ Add
			Remove
			□ Chango

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:    1
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	November 19th. 2019.  Signature of a plember or authorized representative of a member
	Talo Dieffy

Page 3 of 3

Filing Fee: \$25.00