

L18000287613

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000017697 3)))



H190000176973ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : 120070000020
Phone : (813)435-3176
Fax Number : (713)429-1276

2019 JAN 16 AM 9:24

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DRJLGAVETT@Gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SALTY DOC WELLNESS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. CLINE
JAN 17 2019
EXAMINER

2019 JAN 16 PM 1:53

H19000017697 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SALTY DOC WELLNESS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/01/2019 and assigned
Florida document number L18000287613

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 Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5111 S. RIDGEWOOD AVENUE

(Principal office address MUST BE A STREET ADDRESS)

SUITE 2020

PORT ORANGE, FL 32127

Enter new mailing address, if applicable:

1 Oceans West Blvd.

(Mailing address MAY BE A POST OFFICE BOX)

Unit 2A6

Daytona Beach Shores, FL 32118

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

5111 S. RIDGEWOOD AVENUE SUITE 2020

Enter Florida street address

PORT ORANGE

City

Florida 32127

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:

2019 JAN 16 AM 9:24
ST. JAMES
ST. JAMES
ST. JAMES
ST. JAMES
ST. JAMES

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JENNIFER L GAVETT	1 Oceans West Blvd.	<input type="checkbox"/> Add
		Unit 2A6	<input type="checkbox"/> Remove
		Daytona Beach Shores, FL 32118	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019 JAN 9:24
AMBR

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 01/12 2019

Handwritten signature of Jennifer L. Gavett

Signature of a member or authorized representative of a member

JENNIFER L GAVETT

Typed or printed name of signee

Vertical stamp: 2019 JAN 15 AM 9:24