

**L19 000 000 406**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

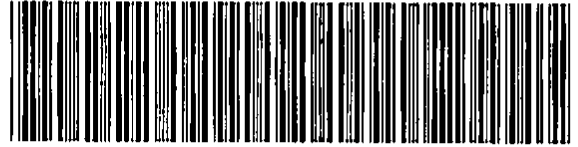
(Document Number)

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**19 MAY 17 PM 1:27**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**JUN 03 2019**

**T SCHROEDER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Salomon's Marine Solutions 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:

Jordan Salomon  
Name of Person

Salomon's Marine Solutions LLC  
Firm/Company

10968 NW 21<sup>st</sup> Place  
Address

Coral Springs FL 33071  
City/State and Zip Code

Jordan@Salomonmarinesolutions.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jordan Salomon at ( 954 ) 600-2901  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Solomon's Marine Solutions LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

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>
			<input type="checkbox"/> Add
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 SECRETARY OF STATE  
 PALM BEACH, FLORIDA

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

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DEPT. OF JUSTICE  
FALLS CHURCH, VIRGINIA

E. Effective date, if other than the date of filing: 5-14-2019 (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 5-14-2019

Signature of a member

Jordan	Solomon
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Typed or printed name of signee