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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BRICKLEMYER LAW GROUP, P.L.

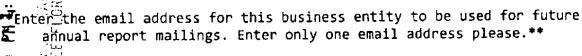
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Phone

: (813)229-7700

Fax Number

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Email Address: clayton@bricklawgroup.com

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COVER LETTER

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TO: Registration Division of	on Section f Corporations	Ä
	cular Salt Shack, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all cor	respondence concerning this matter to the following:	
	Clayton Bricklemyer	
	Name of Person	
	Bricklemyer Law Group, P.L.	
	Firm/Company	_
	4427 W. Kennedy Blvd., Suite 250	
	Address	<u>-</u>
	Tampa, FL 33609	
	City/State and Zip Code	_
	clayton@bricklawgroup.com	22 7A
	E-mail address: (to be used for future annual report notification)	ZOZI AUG. SEGRETA ALLI AHAS
For further informat	tion concerning this matter, please call:	SE SE T
Clayton Bricklemye	at ()	20 Sr.
N	anne of Person Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	9: 32 9: 32 0RIGA
☐ \$25,00 Filing F	Certificate of Status Certified Copy Certified (additional copy is enclosed) Certified	ne of Status &
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Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 (((H210003140373)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vernacular Sait Shack, LLC						
(Name of the Limite	d Liability Compa A Florida Limited	any as It now appears or Liability Company)	our records.)			
The Articles of Organization for this Limited Lia Florida document number L19000040273	ability Company	were filed on 02/08/	2019	_ and assigned		
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	oility company here:				
The new name must be distinguishable and contain the wo	ords "Limited Liabi	fity Company," the design	nation "LLC" or the abbrev	vistion "L.L.C."		
Enter new principal offices address, if applica	ble:	4427 W. Kennedy Boulevard, Suite 250				
(Principal office address MUST BE A STREET ADDRESS)		Tampa, FL 33609				
Enter new mailing address, if applicable:			1			
		4427 W. Kennedy Boulevard, Suite 250				
(Mailing address MAY BE A POST OFFICE B	(OX)	Tampa, FL 33609				
B. If amending the registered agent and/or re agent and/or the new registered office address Name of New Registered Agent:		address on our reco	rds, <u>enter the name o</u>	f the new registered		
New Registered Office Address:	4427 W. Kennedy Boulevard, Suite 250					
-		Enter Florida s				
	Tampa	<u> </u>	, Florida 33609	7.01		
Name Danistaned Ament's Signature of changing D	estetared toomto	Cin [.]	•	LIP Code		
New Registered Agent's Signature, if changing Real hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company	l agent and agr r and complete tered agent as p egistered office	ee to act in this cape performance of my provided for in Chap	duties, and I am fam oter 605, F.S. Or, if t	iliar with and his document is		

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	K. Clayton Bricklemyer		🗆 Add
		601 N. Ashley Drive, Suite 700, Tampa, FL 33602	Remove
			□ Change
MGRM	K. Clayton Bricklemyer	4427 W. Kennedy Blvd., Suite 250, Tampa, FL 3360)9 ⊞ Add
			DRemove
			Change
			□Add
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aneament 2 ette		ate, but not	an effective	time, at 12:0	l a.m. on the	earlier of: (b) The 90th day	y after the
e record specific	s a delayed effective d							
e record specifie rd is filed.	•	20 7	2021	·				
	Jones T)·		horized repres				