L19 000 19Z 557

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300332706273

08/14/19--01015--005 **25.00



Y SULKER AUG 1 9 2019

COVER LETTER

TO:	Registration Sec Division of Corp		4	· · · · · · · · · · · · · · · · · · ·
SUBJI	ест: <u>SaH</u>	y Dogs Prop Name of Lim	erfy Main tenandited Liability Company	e lic
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Leslie	M. Hernander Name of Person	
			Name of Person	
		Salty [Dogs Proserty 1	Maintenance
		507 Step	Then St NW Address	
			City/State and Zip Code	
		Salty de	City/State and Zip Code O(3) PM (9) 9W end 16 be used for future ampual report not	Com
			·	mcauon)
For fur	ther information co	ncerning this matter, please ca	all:	
Le		Hernandez	at (305) 609 -	8336
	Name of	Person	Area Code Dayun	ne Telephone Number
Englos	ed is a check for the	following amount:		
ઇ \$2:	5.00 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallabaccee FI 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salty Dogs 1 (Name of the Lim	Property	Mainte nar.	u u	<u>^</u>		
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on d Liability Company)	our records.)			
The Articles of Organization for this Limited I	Liability Compan	ny were filed on	19/2019	and	d assigr	red
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited lis	bility company here:				
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the design	ation "LLC" or the	abbreviatio	n "L.L.C	2.11
Enter new principal offices address, if appli	cable:					
(Principal office address MUST BE A STRE	ET ADDRESS)			prod production	53	
			·			F 1
Enter new mailing address, if applicable:		.				
(Mailing address MAY BE A POST OFFICE	<u>(BOX)</u>				<u> </u>	1
D 16 ding about 1 days and 1 a	1/	.65		Ew ja	S	
B. If amending the registered agent and registered agent and/or the new registered or						
Name of New Registered Agent:	Crisha	Stepnens Enter Florida st	us		·	
New Registered Office Address:	<u>507</u>	Stepnens Enter Florida st	SH N reet address	<u>u</u>		
	Stein	not cric	, Florida	3235 Zip C	ode	
				-		

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
Mar	Cristian Cretyrico	507 Stephens St NW	D Add
		Steinhat Once, Fl 32359	D Remove
			Change
MGR	Leslie M Hernandez	Strinhatchee, FL 32359	DP Add
		Strinhatone, FL 32359	□ Remove
			☐ Change
			🖸 Add
			Change
			🗆 Add
			□ Remove
			C Change
			CI Remove
			Change
			🗆 Add
			C Remove
			Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Note:	tive date, if other than the date of filing: \frac{1}{29/19} \tag{(optional)} Tective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as timent's effective date on the Department of State's records.
	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	Aug. 12. 1. 2019.
	and for the
	Signature of a member or authorized representative of a member Lessie M. Hernande Z. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00