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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	Saltysus	acilc.	
JOBANCI.	Name of Lim	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Martha	Red Laver	
	Salta	150 gar LLC Fich/Company	
	4704 24th	St. SW Address	
	Lehigh Ax	er f 33973 City/State and Zip Code	
	Mathka E-mail address: (1	to be used for habire annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Martha Br	odigues of Person	at 239 60009 Area Code Daytim	947 e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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 Addre	ss:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Limited Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L200012890</u> .	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	Lehigh Acres of 33978 6 12 12 12 12 12 12 12 12 12 12 12 12 12
Name of New Registered Agent: Sql+45 New Registered Office Address: 4704 Lehie)	Dyth St. Sw Enter Florida street address h Acres Florida 33973 City 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 t 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
.•			□ Change
	····		□Add
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lote: If the date inser	d, the date must be spec	cific and cannot be pr es not meet the app	licable statutory filir		onal) filing.) Pursuant to 605.0207 s date will not be listed as
ocument 8 effective (but not an effective	e time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
record specifies a del	layed effective date.	out not an effective			•
record specifies a del 1 is filed.	layed effective date.	.2026	<u>}</u> .		
	5	5606. L	Linopized representative	e of a member	