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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number))·
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COVER LETTER

TO:

Tallahassee, FL 32314

	tegistration Se Division of Cor			
cub te <i>c</i> r	Salty Noces	ans, LLC		
SUBJECT	l:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	um all correspo	ondence concerning this matter	to the following:	
		Mary F. Barrett		
		HERD II.	Name of Person	
		Salty Noceans, LLC		
			Firm/Company	
		700 Bay Drive Apt 1005	i	
			Address	
		Niceville / FL 32578		
			City/State and Zip Code	
		saltynoceans@gmail.com	to be used for future annual report	notification)
For furthe	r information c	concerning this matter, please co		
Mary Bar	rett		404 457-667	1
	Name o	of Person	Area Code Day	ytime Telephone Number
Enclosed	is a check for th	he following amount:		
■ \$25.0	0 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 Addres		Street Address Registration	
ſ	Division of C	Corporations	Division of (Corporations
F	P.O. Box 632	27	The Centre (of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salty Noceans, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our reconited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L20000058787</u> .	and assigned	
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 "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 SE T
(Principal office address MUST BE A STREET ADDRES:	<u> </u>	MAR 23
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEE AH 2
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, ent	er the name of the new registere
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street add	ress
		Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag	·	Tap Color
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my duties, t as provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is

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
AMBR	Mary F. Barrett	700 Bay Drive Apt 1005, Niceville, FL 32578	= Add
			□Remove
			🗆 Change
			□ Add
			□Remove
			□Change
		□Add	
			□Remove
			□Change
			🗌 Remove
			□Change
		🗆 Add	
		□Remove	
			□Change
			🗆 Add
			□Remove

5 •	other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective date is I Note: If the date in	other than the date of filing:
the record specifies a cord is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	March 19. 2020.
	March 19, 2020. May Y. Barrel Signature of a member or authorized representative of a member Mary F. Barrett Typed or printed name of signee
	Mary F. Barrett