## 120000145696

(Requestor's Name)	
(Address)	5003456
(City/State/Zip/Phone #)	06/12/20010
PICK-UP WAIT MAIL	30, 12, 23
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	DESIGNS LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RAY HAMILTON		
		Name of Person	
	SALTBOX DESIGNS LL	С	
		Firm/Company	
	312 WEIR DRIVE		
		Address	
	WINTER GARDEN, FL 3	4787	
		City/State and Zip Code	
	saltboxneedleworkes@gma		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
RAY HAMILTON		407 715-8969 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	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 Address Registration S		Street Address: Registration Se	ction
Division of C		Division of Co	
P.O. Box 632	27	The Centre of T	Fallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L20000145696	were filed on 5/28/2020	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:	7020
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation=L.L.C."
Enter new principal offices address, if applicable:		7
(Principal office address MUST BE A STREET ADDRESS)		P11.12:
r new mailing address, if applicable:    SALTBOX DESIGNS LLC   15155 W. COLONIAL DRIVE #784462	6	
(Mailing address MAY BE A POST OFFICE BOX)	15155 W. COLONIAL DRIVE #784	462
	WINTER GARDEN, FL 34778	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	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 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>	<u>Address</u>	<b>Type of Action</b>
resident	RAY HAMILTON	312 WEIR DRIVE	<b>≣</b> Add
<del>I</del> MBR		WINTER GARDEN, FL 34787	□Remove
			□Change
MGR	DAVID KALAFOS	312 WEIR DRIVE	Add
AMBR		WINTER GARDEN, FL 34787	\ \ \_Remove
			□Change
			□Remove
			□ Change
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			☐ Change
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ocument's effective date on the	Department of State's record	is.		
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is filed.	ive date, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The 90th day	aner ine
ated	2020			
\( \)		$\sim$		

Typed or printed name of signee