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(Re	equestor's Name)	
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## **COVER LETTER**

TO: Registration Se Division of Cor			•	
SUBJECT:	Rusty Hook Lieres	1.1.0		
,	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Christopher	R. Vann Name of Person		
		Firm/Company	2021 JUN 30 SEGRETARY TALLAHA	
	416 Qual	Roost Or Address		
	Invener Fl	34453 City/State and Zip Code	PM 1: 14 OF STATE	<b>L</b>
	Cy Custyhood E-mail address: (	Tity/State and Zip Code  Lives (a) qual Cod  to be used for diture annual report noti	fication)	
For further information of	concerning this matter, please c			
Christopher Name of	TS. Van	at ( <u>352</u> ) 789-3 Area Code Daytim	1790 te 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)	
<u>Mailing Addre</u> Registration	<del></del>	<u>Street Address:</u> Registration Se	ection	
Division of C		Division of Co		
P.O. Box 632	27	The Centre of 7		
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 Compar (A Florida Limited L	ny as it now appears on our recon iability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Salfy Hook Lunes L.L.C		2
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LI	.C" or the abbreriation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		30
		\$\$ \$\$
		mos —
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>ente</u>	r the name of the new register
New Registered Office Address:	Enter Florida street addr	Kee
	t	Florida
	City	Zip Coxle
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, o provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is

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
		<u> </u>	
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			☐ Change
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	7.
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing tote. If the date inserted in this block does not meet the applicable statutor ocument's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605,020 ry filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 is filed.	Fa.m. on the earlier of: (b) The 90th day after the
ated 6-22-2021	
ated 6 -22-2021	
Signature of a member or authorized represe	