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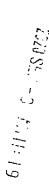
(Requestor's Name)
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Special Instructions to Filing Officer:





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COVER LETTER

Division of Corporations
SUBJECT: SALO GRUAIGE Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARY CRULEY Name of Person
SALCO GRUAIGE Firm/Company
826 SOUTH LILAC LOOP Address
JACKSONILLE FLORINA 32259
E-mail address: (to be used for future innual report notification)
For further information concerning this matter, please call:
Name of Person at (904) 988 1437 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

2528St. -8 AHH: 19

(Name of the Limi	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited E	Liability Company were filed on 174 215 3030 and assigned
This amendment is submitted to amend the following	lowing:
A. If amending name, enter the new name of	of the limited liability company here:
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:
(Principal office address MUST BE A STREE	ET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)
B. If amending the registered agent and/or a agent and/or the new registered office addre	registered office address on our records, <u>enter the name of the new registere</u> ess here:
Name of New Registered Agent:	MARY CRUNKEY
New Registered Office Address:	826. South 1 4c 100 p
	JACUSCOPULLO, Florida 32259 Zip Code
New Registered Agent's Signature, if changing	Registered Agent

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 = M $AMBR = A$	anager uthorized Member	20218 / FO / MH: 19	
<u>Title</u>	Name	Address	Type of Action
MGR	Mary Crawer	500th hing long	Add
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MER	Sin Crewley	Jechannip (1.3292)	🗆 Add
icher)	'	Dechannip El. 3992	Remove
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n effect <u>ste:</u> If	e date, if other than the date of filing:
ecord s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	Sept. 18 . 2020.
	Signature of a member or authorized representative of a member
	Signatore of a member or authorized ropresentative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00