Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GIONIS, LILLY & ROMERO, PLLC

Account Number: I20220000060 Phone : (727)446-3333 Fax Number : (813)412-5118

 $\overset{f{\circ}}{\mathfrak{O}}$ **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Ċ

Email Address:_

2022 JUL 10

<u>.</u>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SALTY SHORES PROPERTIES, LLC

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Help

Tallahassee, FL 32314

(((H220002031923)))

COVER LETTER

TO: Registration Se Division of Con			•
SALTY SI	IORES PROPERTIES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter		
	Apostolos Gionis		
		Name of Person	
	Salty Shores Properties, L.	LC	
	Salty Shores Properties, LLC Firm/Company 1299 Main Street, Ste D Address Dunedin, FL 34698		
	1299 Main Street, Ste D		
		Address	-
	Dunedin, FL 34698		
	pgionis@gionislilly.com	City/State and Zip Code	
B. C. J. S. C. J.		to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
Paul Gionis	, , , , , , , , , , , , , , , , , , , ,	727 534-0854 at ()	
Name o	f Person	at () Area Code Days	ime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration S	Section
Division of C	Corporations	Division of C	orporations
P.O. Box 632	2/	The Centre of	Tallahassee

(((H22000203192 3)))

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

(((H220002031923)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALTY SHORES PROPERTIES,						
(Name of the Limi	ted Liability Compa (A Florida Limited l	iny as it now appears Liability Company)	on our records.)		<u> </u>	
The Articles of Organization for this Limited L Florida document number L21000008240	iability Company	were filed on Jam	ary 1, 2021	ar	nd assig	med
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name of	f the limited liab	ility company her	<u>·e</u> :			
N/A						
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the de	signation "Ll.C" or the	abbreviati	on "L.L.	.C."
Enter new principal offices address, if applie	able:	N/A				
(Principal office address MUST BE A STREE	ET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	N/A				
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ss here: N/A	address on our re	cords, <u>enter the</u> na	me of th	10 new 2022	registered
Name of New Registered Agent:						,
New Registered Office Address:	N/A	Enter Flori	da street address		- 0	<u>ئے ۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔</u>
					_	
		City	, Florida _	Zip	Çode	<u> </u>
New Registered Agent's Signature, if changing	Registered Agent:			•	÷.	ζ.

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 duttes, and t 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

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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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Hilary Gionis	159 Beltrees Street	
		Dunedin, FL 34698	□Remove
			□Change
			□Add
			□Remove
			
			□Add
			□Remove
			OAdd
			☐ Change
	·		□Add
			□Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6! Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li document's effective date on the Department of State's records.)5,0207 (3); sted as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aftered is filed.	ter the
Dated May 16 . 2022.	
Signature of a member or authorized representative of a member	
Paul Gionis, Authorized Representative	
Typed or printed name of signee	

Filing Fee: \$25.00

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