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## **COVER LETTER**

Division of Corpor			
SUBJECT:SL	ammin Sa Name of Limit	LMON Burge ted Liability Company	rs, LLC
The enclosed Articles of Ame	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	Terriso	Rown Name of Person	
-	SLammi	N Salmon E	Burgers, LLC
	3476 FO	xcroft road A	pt 101
_	Miraman beterrisage E-mail address:	City/State and Zip Code  O Ya hoo. Com  o befused for future annual report notit	ication)
For further information conce	erning this matter, please ca	II:	
Terrisa Name of Per	Brown	at ( <u>786</u> ) <u>262-</u> Area Code Daytime	O C C   Telephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee E	1/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)
Mailing Address:	ion	Street Address:	otion

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

SLammin Salmon Burgers, LLC

(Name of the Limited Liability Company as it now appears on dur records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on $\frac{2}{5}$
Florida document number <u>L2 000063102</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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:	ddress on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address - EB - 2
	City Zip Gold
New Registered Agent's Signature, if changing Registered Agent:	all <b>a</b> D
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, 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>	Address	Type of Action
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			_ Change
A <u>MBR</u>	Terrisa Brown	3476 Fox Croft road Apt 101 miramar, FL 33025	_ @Add
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