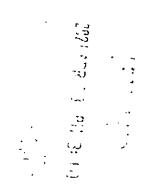
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Office Use Only



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CP [42]

COVER LETTER

rations			
Salt Slayer Sup	ply LLC		
Name of Limi	ted Liability Company		
nendment and fee(s) are subr	nitted for filing.		
ence concerning this matter t	to the following:		
Zachary Hart			
	Name of Person		
	Firm/Company		
50 Pine Trl			د غ
Ormond Beach, Fl. 32174	Address		33
saltslayerllc@gmail.com	City/State and Zip Code	<u> </u>	بې
E-mail address: (t	o be used for future annual report r	notification)	
cerning this matter, please ca	ıll:		
	386 214-4708	1	
erson	at () Area Code Day	time Telephone Number	_
following amount:			
□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certified Cop	Status & y
	Salt Slayer Sup Name of Limit nendment and fee(s) are subset on the subset of the su	Name of Limited Liability Company nendment and fee(s) are submitted for filing. ence concerning this matter to the following: Zachary Hart Name of Person Firm/Company 50 Pine Trl Address Ormond Beach, FL 32174 City/State and Zip Code saltslayerIlc@gmail.com E-mail address: (to be used for future annual report of the cerning this matter, please call: 386 214-4708 at (Name of Limited Liability Company nendment and fee(s) are submitted for filing. ence concerning this matter to the following: Zachary Hart Name of Person Firm/Company 50 Pine Trl Address Ormond Beach, Fl. 32174 City/State and Zip Code saltslayerllc@gmail.com E-mail address: (to be used for future annual report notification) cerning this matter, please call: 386 214-4708 at (

Mailing Address:

TO: Registration Section

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

(Name of the Limi	ted Liability Compa (A Florida Limited	ny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited L Florida document number 1.21000086765		were filed on	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name; enter the new name of	of the limited liab	ility company here:	
Salt Slayer Supply Co LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NA	
(Principal office address MUST BE A STREET ADDRESS			
Trincipal office data ess MOST BE 7151 NEET 7152			0 70
			20
Enter new mailing address, if applicable:		NA	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)			
			•
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or agent and/or the new registered office addressed Name of New Registered Agent:		address on our records.	, enter the name of the new reg
	NA		
New Registered Office Address:		Enter Florida stree	et 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>	Name	Address	Type of Action
			□Remove
			□Add
			Remove
			□Ghange .
			⊡Add
			□Remove
			⊂⊃ ☐Change
			□Add
			□Remove
			□Remove
			□Change
~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			[]Add
			□Remove
			□ Change

	We are only trying to amend the
	name From: Sat Slayer Supply LLC
	TO & Salt Slayer Supply CO LLC
	Please let me know it any further
	action needs to be taken!
	Phone 386-214-4708
	Email Salt slayer LLC Q5 mail o Com
	J .
	• ;
	· ··
	
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lfan effectiv <u>Note:</u> If th	te, if other than the date of filing:
e record sp ord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Chan Ahrt
	Signatura of a member or authorized/representative of a member
	Signature of a member Zachary Hart