L21000140932

(Re	equestor's Name)	-
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
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COVER LETTER

TO:	Registration Se Division of Cor		•	
cuntr		Marketing LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		LEXIE RIVERS	Name of Person E SERVICES Firm/Company Address City/State and Zip Code ress: (to be used for future annual report notification) ase call:	
			Name of Person	
		PRIME CORPORATE SE	ERVICES	
Firm/Company				
		12226 S 1000 E Ste #3		
			Address	
		Draper, UT 84020		
			City/State and Zip Code	
		eodeven2@gmail.com		
		E-mail address: (to be used for future annual report notifica	ation)
For furtl	ner information co	oncerning this matter, please ca	all:	
LEXIE	RIVERS			
Name of Person			Area Code Daytime T	elephone Number
Enclose	d is a check for th	e following amount:		
■ \$ 25.	00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.)
The Articles of Organization for this Limited Liability Company were file Florida document number $\frac{L21000140932}{L21000140932}$.	ed on 03/25/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	ipany here:
SALDEV Marketing Group, LLC	200
The new name must be distinguishable and contain the words "Limited Liability Compa	my," the designation "LLC" or the abbreviation [L.L.C.]
Enter new principal offices address, if applicable:	78 Z
(Principal office address MUST BE A STREET ADDRESS)	m: 7 1.1
	70
	O6
Enter new mailing address, if applicable:	~
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	dress on our records, <u>enter the name of the name</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street 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>	<u>Name</u>	Address	Type of Action
AMBR	Noah James Salvatore	1410 9th Place	■ Add
		Vero Beach, FL 32960	Remove
			Change
AMBR	Caleb Scott Salvatore	1410 9th Place	∃ Add
		Vero Beach, FL 32960	Remove
		 	Change PR Add
			RAdd
			OR OF ORNANGE
		_	Add
			□ Remove
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Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be does not meet the a	pplicable st		than 90 days afte		
ne record specifies a delayed ef The 90th day after the record		it not an e	effective tim	e, at 12:01	a.m. on the	earlier o
Dated APRIL 6	2021	·				
adward Deven/	Jay.	r authorized n	presentative of	ı member		,
Edward O'Deven Jr.	mare of a member of	aumonized i	gresemanie or	emoer		

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Filing Fee: \$25.00