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COVER LETTER

Tallahassee, FL 32314

	gistration Se rision of Cor			
CHDIECT.	AIR LEE R	EALTY LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	ail correspo	indence concerning this matter	to the following:	
		JIN CHEN		
			Name of Person	
		JIN CHEN CPA PA	Name of Limited Liability Company Indiment and fee(s) are submitted for filing. In CHEN Name of Person IN CHEN CPA PA Firm/Company 2270 BAY PLAZA BLVD STE 604 Address FAMPA, FL 33619 City/State and Zip Code (BLEE8000@gmail.com E-mail address: (to be used for future annual report notification) rning this matter, please call: at (
			Firm/Company	
		9270 BAY PLAZA BLVD	STE 604	
		· · · · · · · · · · · · · · · · · · ·	Address	
		TAMPA, FL 33619		
			City/State and Zip Code	
			to be used for future annual report noti	(figation)
For further i	nformation c	oncerning this matter, please ca		
JIN CHEN				
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 1	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	iling Addres		Street Address:	ation
	gistration S vision of C	Section orporations	Registration Se Division of Cor	
	D. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000034162</u> .	y were filed on <u>01/18/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
SALT AIR LEE REALTY LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		2
		7
	 -	F = 3
Enter new mailing address, if applicable:	_	
(Mailing address MAY BE A POST OFFICE BOX)		٠ ب
manny duarents man De 11 1 Ob 1 O 1 1 1 CC DOTS		13 CS
		2.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	ne name of the new regis
New Registered Office Address:		
Hew Registered Office Producess.	Enter Florida street address	
	, Flor	ida Zip Code

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
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Effective date, if other than the first an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior block does not meet the applic	to date of filing or more than able statutory filing requir	(optional) 90 days after tiling.) Pu ements, this date wi	ersuant to 605.0207 (. I not be listed as th
ne record specifies a delayed effectord is filed.			arlier of: (b) The 9	Oth day after the
ord is filed. Dated	2022	<u>_</u> .		
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Filing Fee: \$25.00