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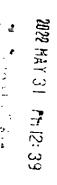
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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AUG - 5 2022 M. SOLOMON

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		
SALURCA	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSE F SALAZAR		
		Name of Person	
		Firm/Company	
	8111 NW 53RD ST APT -	461	_
	_	Address	
	MIAMI, FL 33166		Þ:
		City/State and Zip Code	
	SALURCA.1@GMAIL.CC E-mail address: (OM to be used for future annual report notif	
For further information of	concerning this matter, please c	all:	τ.
JOSE F SALAZAR		786 3380403	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for to	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addres		Street Address:	
Registration Division of C		Registration Sec Division of Cor	
P.O. Boy 633		The Centre of T	=

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALURCA LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we	re filed on 04/25/2022	and assigned
Florida document number 1.22000195752		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability</u>	v company here:	
The new name must be distinguishable and contain the words "Limited Liability (Company," the designation "LEC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u>, , 63</u>
-		28
		HAY 31 PM 12:
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		·
_		:- 12
		္ ထ
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	lress on our records, <u>enter the na</u>	ime of the new registere
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	. Florida	

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.

City

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SALAZAR. JOSE F	8111 NW 53RD ST APT 461	≣ Add
		MIAMI, FL 33166	□Remove
			Change
			□Add
			Remove
			□Change
			□Remøye
			□Rem _{⊕3} e
			□Change □ No So □ Add
			□Remove
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				tes	: 39
Effective date, if other than the d	ate of filing:		(optional)		
(If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the app	licable statutory filing r	than 90 days after filing.) Pe equirements, this date wil	rsuant to 605.0 I not be listed	1207 (3)(l as the
e record specifies a delayed effective ord is filed.	late, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 9	0th day after t	the
Dated 05/20/2022	10:28 AN	1			

Filing Fee: \$25.00

Typed or printed name of signee