



H22000243793 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

{{(H22000243793 3)}}



H2200024379334BC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HAND ARENDALL HARRISON SALE LLC
Account Number : 120150000128
Phone : (850)769-3434
Fax Number : (850)769-6122

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: icampfield@handfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SALTY PARADISE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

2022 JUL 19 AM 10:03

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
2022 JUL 19 PM 12:18
S. OF FLORIDA
TALLAHASSEE, FLORIDA

T. LEMIEUX
JUL 21 2022

H22000243793 3

DocuSign Envelope ID: 95027FB2-B1CD-4BDD-B068-8ACF48F5FCE5

COVER LETTER

H22000243793 3

**TO: Registration Section
Division of Corporations**

SUBJECT: SALTY PARADISE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFFREY SCOTT MILLER

Name of Person

SALTY PARADISE, LLC

Firm/Company

P.O. BOX 869

Address

SPOKANE, WA 99210

City/State and Zip Code

ostate65@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY SCOTT MILLER

509 869-1879
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the 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)

MailingAddress:

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

StreetAddress:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H22000243793 3

DocuSign Envelope ID: 95027FB2-B1CD-4BDD-B06B-8ACF48F5FCE5

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H22000243793 3

SALTY PARADISE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/06/2022 and assigned
Florida document number L22000299315.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

P.O. BOX 369

SPOKANE, WA 99210

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

H22000243793 3

DocuSign Envelope ID: 95027FB2-B1CD-4BDD-B068-8ACF48F5FCE5

amending Authorized person(s) authorized to manage, enter the title, name, and address of each person being added
or removed from our records:

H22000243793 3

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

H22000243793 3

H22000243793 3

[illegible]

H22000243793 3