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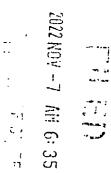
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	-
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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A F

COVER LETTER

TO:

TO: Registration So Division of Cor			
	TY NOOK LLC		
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JENNIFER WHITE		
		Name of Person	
	The Salty Nook LLC		
		Firm/Company	
	P.O. Box 372817		
		Address	
	Satellite Beach, FL 32937		
		City/State and Zip Code	.
	thesaltynook@gmail.com		
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Jennifer White		321 326-4189	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	C) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632		The Centre of 1	
Tallahassee,	E D 343 [4]	Z413 N. MONTO	e Street, Suite 810

Tallahassee, FL 32303

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

THE SALTY NOOK LLC

2022 NOV -7 AM 6: 35

Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compan Florida document number L22000310440	y were filed on 07/12/202	2 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:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designati	on "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:	The Salty Nook LLC	
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 372817	
	Satellite Beach, FL 329	37
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida stree	
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>	
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my du provided for in Chapte.	ties, and I am familiar with and r 605, F.S. Or, if this document is

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
	 	<u> </u>	
			□Remove
			□Change

The type of busi	ner information, enter change(s) here: (Attach additional sheets, if necessary.) ness that will be conducted will be real estate activities.
	
	
	
an effective date is listed, ote: If the date inserte	the date of filing:
ecord specifies a delay is filed.	ved effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
October 31	2022
Jen	Milu Shirte Signature of a member or authorized representative of a member
Jennifer Whit	
	Typed or printed name of signee

Filing Fee: \$25.00