

L22000336214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

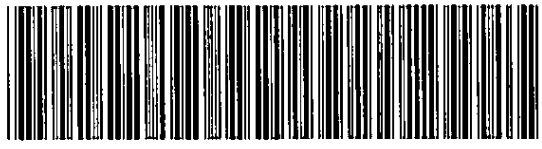
(Business Entity Name)

(Document Number)

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22 SEP -6 PM 3:31  
DIVISION OF CORP. REGISTRATION  
STATE OF TEXAS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SALTY TRAVELER STAYS, 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:

NATHAN GARRITY (TRUSTEE)  
Name of Person  
NATHAN GARRITY 2011 TRUST  
Firm/Company  
580 CORMIER ROAD  
Address  
GREEN BAY, WI 54304  
City/State and Zip Code  
NATHANGARRITY84@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

22 SEP -6 PM 3:31  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

NATHAN GARRITY at ( 920 ) 360-5461  
Name of Person 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)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2115 21st Street, Tallahassee, FL 32310

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

SALTY TRAVELER STAYS, 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 07/29/2022 and assigned Florida document number L22000336214.

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22 SEP - 6 PM 3:31  
DIVISION OF CORPORATE FILINGS

**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 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	NATHAN GARRITY (TRUSTEE)	580 CORMIER ROAD	<input type="checkbox"/> Add
		GREEN BAY, WI 54304	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	NATHAN GARRITY 2011 TRUST	580 CORMIER ROAD	<input checked="" type="checkbox"/> Add
		GREEN BAY, WI 54304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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 DIVISION OF CORPORATE AFFAIRS  
 STATE OF WISCONSIN

