## 122000382655

(Danisabel Mars)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Soomess Emily Hame)
(Danish Hardan)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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97/12/23--01017--014 \*\*60.00

## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT:	Salvo med Name of Lim	lia Grose.  ited Liability Company	r.
The enclosed Anicles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	David	Name of Person	
		Name of Person	
	Salvo	& Sons Firm/Company	
		Firm/Company	<del></del>
	2473	verd mont ct	
		Address	
	Cope	Gral FL 3	3991
		Chyrstate and Zip Code	
-		jaluo e 1010 u (to be used for future annual report not	
For further information conc	erning this matter, please ca	all:	
David	Salvo	at (630) 690 Area Code Daytin	7-9962
Name of Pe	rson	Area Code Daytin 239 - 442 -	
Enclosed is a check for the f	following amount:		
_	□ \$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 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



August 16, 2023

DAVID SALVO 2473 VERDMONT COURT CAPE CORAL, FL 33991

SUBJECT: SALVO MEDIA GROUP LLC

Ref. Number: L22000382655

We have received your document for SALVO MEDIA GROUP LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the current name of the LLC. The new name of LLC must have the corporate suffix.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 823A00018855

Neysa Culligan Regulatory Specialist III

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Salvo Med	ia Grosp	LL C 2023 SEP -1	AM 9: 24
« <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears ( Limited Liability Company)	iji dar records.) UTU IŠAST. TALLAHASSE	E.FLURIDA
Fig. Ameles of Organization for this Limited Liability Co. L. 2000 38	ompany were filed on	4 1	
This lattendment is submitted to amend the following:			
V. If amending name, enter the new name of the limit $\frac{5a \sqrt{0.8}}{500}$	S Poofina	LLC	IL.C."
Unter new principal offices address, if applicable:	·		
Principal office address MUST BE A STREET ADDR	ESS)		<del></del>
Enter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE BOM)			<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our rece	ords, enter the name of the no	<u>ew registered</u>
Name of New Registered Agent:			
New Registered Office Address:			·
	Enter Florida	street address	
	Cip	Florida	<del>.</del>
		27	

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 standes 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 fitle, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Jones Salvo	2473 ierd mont Ct	_ ⊐Add
		Cope (oral FL 33991	_ Premove
			_ DChange
			_ □Add
			_ DRemove
			_ DChange
			_ □Add
			□Remove
			_
			_ □Add
			□Remove
			_
	·		⊒Add
			□Remove
			□Change
			□Add
			□Remove

The new purpose of This business  Will be Roofing: New construction,  Re-Roofs and repairs and maintenent of  The new purpose of This business  Will be Roofing: New construction,  Re-Roofs and repairs and maintenent of  The new purpose of This business  Will be Roofing: New construction,  Re-Roofs and repairs and maintenent of  The new purpose of This business  The new construction,  Re-Roofs and repairs and maintenent of
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ASSEE FLOTION
EE FLORIDA
9: 24 LOGIDA
Or F
Effective date, if other than the date of filing:
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.
Dated Aug 28 2023
Signature of a member or authorized representative of a member
David Salva

Filing Fee: \$25.00