L2200043/201

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
opies Certificates of Status
structions to Filing Officer:

Office Use Only



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11/07/22--91029--008 **25.00

SECRETARY OF STATE
TALLAHASSEE EL

COVER LETTER

Registration Section Division of Corporation	ط, SI		
T: SALT	WATER TO Name of Limi	ODD LLC ted Liability Company	
osed Articles of Amendr	ment and fee(s) are subi	nitted for filing.	
iurn all correspondence	concerning this matter t	to the following:	
	Todd F	Porter Name of Person	
	876 Passe	Firm/Company	. .
	876 Pass	Address	<u>-</u>
<u>I</u>	ort myers,	FL 33901 City/State and Zip Code	
	E-mail address: (1	ter @ apl . Com to be used for future annual report notif	ication)
er information concerni	ng this matter, please ca	xll:	
lilee Hazen	1	at (239) 281-9	(477 : Telephone Number
Name of Person		Area Code Daytino	: relephone (valuoci
is a check for the follow	ving amount:		
	30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	itions	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALTWAT	TER TODD L	L C	_
(A Flori	ility Company as it now appeared a Limited Liability Company)	100 041 12201000	
cles of Organization for this Limited Liability locument number <u>L22000431</u>	Company were filed on	10/05/2022	and assigned
endment is submitted to amend the following:			
rending name, enter the new name of the lin	mited liability company ho	ere:	
ame must be distinguishable and contain the words "L	imited Liability Company," the c	lesignation "LLC" or the abbrev	riation "L.L.C."
ew principal offices address, if applicable:			
al office address MUST BE A STREET ADI	ORESS)		
		· · · · · · · · · · · · · · · · · · ·	
w mailing address, if applicable:			
address MAY BE A POST OFFICE BOX			
rending the registered agent and/or registered office address here		ecords, <u>enter the name o</u>	the new registered
Name of New Registered Agent:			
-			
New Registered Office Address:	Enter Flo	rida street address	
		Florida	. <u> </u>
_	City		Zip Code
istered Agent's Signature, if changing Registe	red Agent:		
vaccept the appointment as registered agen ns of all statutes relative to the proper and he obligations of my position as registered led to merely reflect a change in the registe y has been notified in writing of this chang	l complete performance of agent as provided for in (cred office address, I here	I my duties, and I am fam Chapter 605, F.S. Or, if t	iliar with and his document is
	If Changing Registered A	gent, Signature of New Registo	red Agent

ling Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added ed from our records:

Manager

: Authorized Member

<u>Name</u>	Address	Type of Action
Todd Porter	1876 Passaic Ave	XAdd
	Fort Myers FL 33901	Remove
		□Change
		□Add
		Remove
		□Change
		2022 NOV - 7e PH 1: 39 TATLLNHA SEEFFEL
		Bremove
		□ Change
		□Remove
		Change
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		□Remove
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ending any other in	iormation, ent	er change(s) here	:. үмпаст ааат	mai sneem, y neec	
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tive date, if other the fective date is listed, the If the date inserted in nent's effective date of	date must be specif n this block does	ic and cannot be prior not meet the applic	cable statutory filir	(optionore than 90 days after ng requirements, this	onal) filing.) Pursuant to 605.0207 (date will not be listed as th
iled.				on the earlier of: (b)	The 90th day after the
_Novem	wher 2	NO 202	2		
X	Signature	of a member or auth	torized representativ	e of a member	
\times	TODD	PORTER Typed or prin	ted name of signee		

Filing Fee: \$25.00