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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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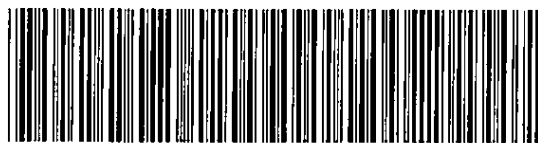
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Salt Smokehouse 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:

Nakia Kelley
Name of Person

DA Ventures Inc.
Firm/Company

1917 Dover Court
Address

Oldsmar FL 34677
City/State and Zip Code

Nakia@daventures.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nakia Kelley at (724) 323-5695
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
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

The Salt Smokehouse 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 11-7-2022 and assigned Florida document number L22 000 477 186

This amendment is submitted to amend the following:

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

The Salt Foods LLC

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)

No Change

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

No Change

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:

Dusty Angel Ventures Inc LLC

New Registered Office Address:

1917 Dover Court

Enter Florida street address

Oldsmar

City

Florida

34677

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.

Nakia Kelly

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>	<u>Address</u>	<u>Type of Action</u>
AP	Allison Fonseca	16319 N Florida Ave	<input type="checkbox"/> Add
		Lutz, FL 33549	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Tori Molnar	1917 Dover Court	<input type="checkbox"/> Add
		Oldsmar FL 34677	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated August 4, 2024

Nekia Kelley
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Nakia Kelley
Typed or printed name of sign