L230000452169

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
J. HORNE FEB 2 6 2024

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000423409840



COVER LETTER

		tion of Corporations					
SUBJECT:	SALT LIFE TRIPS LLC						
	Name of Limited Liability Company						
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspon	ndence concerning this matter	to the following:				
		YVONNE CHABASSOL					
	Name of Person						
			Firm/Company				
	11161 E STATE RDE 70 #110157						
		LAVEWOOD DANGE D	Address				
	LAKEWOOD RANCH, FL 34202						
City/State and Zip Code bnbhostmanagement@gmail.com							
For further i	nformation co	E-mail address: (oncerning this matter, please of	to be used for future annual report noti	fication)			
	CHABASSOL		941 685-6823				
	Name of	Person	at () Area Code Daytim	e Telephone Number			
Enclosed is	a check for th	e following amount:					
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Re Div P.C	iling Address gistration S vision of Co D. Box 632' Ilahassee, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee c Street, Suite 810			

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

company has been notified in writing of this change.

TO		-3
ARTICLES OF OR	GANIZATION	
OF		
DAID HOCT MANIA CEMENT LLC		
BNB HOST MANAGEMENT LLC	as it now appears on our records	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	bility Company)	and assigned
The Articles of Organization for this Limited Liability Company w	ere filed on 01/24/2023	and assigned
Florida document number L23000045269		,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	tv company here:	
SALT LIFE TRIPS 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:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, <u>enter</u>	the name of the new registered
New Registered Office Address:	Enter Florida street addres.	s
	, Flo	orida
	Ciţı	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, ar	nd I am familiar with and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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 = M $AMBR = A$	lanager .uthorized Member		a do Danil D	A110-157
<u>Title</u>	Name	Address	1116/ EST RECORDED	Type of Action
AMBR	lanager Luthorized Member <u>Name</u> <u>Bhuanna Challa</u> SSA	<u>'''Sa</u>	ME" 3420 C	DAdd
				⊡Remove
				Change
			· · · · · · · · · · · · · · · · · · ·	□Add
				□Remove
				Change
		····		□Remove
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Note:	ive date, if other than the date of filing:
record is fi	rd 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 led.
Dated	2-7-24
	Signature of a member or authorized representative of a member
	YVONNE CHABASSOL
	Typed or printed name of signee