L23000322436

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PICK-UP WAIT MAIL
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A. KIVERS AUJ 2 5 2013

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations				
SUBJECT.	Salt Shack	32 440		
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Je/f/	Name of Person		
	Sa/+	Shack 32 LL Firm/Company	<u>C</u>	
	4201 Bg; She	re BLVD #1703 Address		
	Jampa,	FL 336// City/State and Zip Code		
	E-mil address: (1	Dme . Com to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please ca	all:		
Jeffie y Name o	5 Smith	at (6/3) 760 Area Code Daytime	- 06 6 3 Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration S	Section	Street Address: Registration Sec		
Division of C	Corporations	Division of Corp	orations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Jalt Shac	K 32 LLC
(Name of the Limited Liability (A Florida I.	Company as it now appears on our records. Limited Liability Company)
The Articles of Organization for this Limited Liability Con	ompany were filed on July , 1 , 2023 and assigned
lorida document number <u>L 23000322436</u>	· · · · · · · · · · · · · · · · · · ·
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
he new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	office address on our records, enter the name of the new reg
gent and/or the new registered office address here:	
	•
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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 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>	Type of Action
AMBR	Louis J. Varsaines	7311 Pelican Island Or	&Add
		7311 Pelican Island Or Jampa, FL 33634	□Remove
			□ Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		-	□Remove
			□Change
			🗆 Add
			□Remove
			□Change

II ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
e recor	d 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	8-1-2023.
	All I Smill
	Signature of a member or authorized representative of a member
	Jelfrey 5 Smith Typed or printed name of signee
	Typed or printed name of signee