

L23000454625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

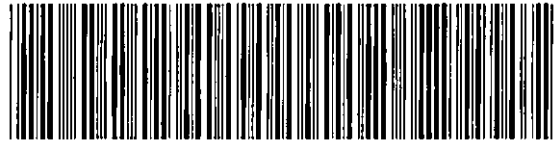
(Business Entity Name)

(Document Number)

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10/11/23--01029--016 \*\*25.00

2023 OCT 11 AM 10:23

ef 10/19/2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Salt Monolith 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:

Chris Glade  
Name of Person

Firm/Company

Po Box 32582  
Address

Palm Beach Gardens FL 33420  
City/State and Zip Code

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

For further information concerning this matter, please call:

Chris Glade at ( 304 ) 502-2912  
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 Monolith, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2023 OCT 11 AM 10:23

The Articles of Organization for this Limited Liability Company were filed on Oct. 4, 2023 and assigned  
Florida document number L23000454625.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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.*

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>
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Ambr	Oscar Cardenas	7510 Ironhorse Blvd	<input type="checkbox"/> Add
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		West Palm Beach, FL 33411	<input type="checkbox"/> Remove
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			<input checked="" type="checkbox"/> Change
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Ambr	Brittany Russo	14204 Blackberry Dr	<input type="checkbox"/> Add
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		Welling bn, FL 33414	<input type="checkbox"/> Remove
--	--	----------------------	---------------------------------

			<input checked="" type="checkbox"/> Change
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Ambr	William <del>William</del> Fernandes	10307 Southern Blvd	<input type="checkbox"/> Add
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		Royal Palm Beach FL 33411	<input type="checkbox"/> Remove
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			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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[illegible]

(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)

If the 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 record is filed.

Signature of a member

Signature of a member or authorized representative of a member

Chris Glade

Typed or printed name of signee

**Filing Fee: \$25.00**