## L24000070748

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2025 APR -1 AM 7: 19
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4 5/3/2015

## **COVER LETTER**

TO:

TO:	Registration Sec Division of Corp			
SUBJEC	200	YFLIPS LLC		
SUBJEC	۶۱:		ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		Khalil Giawashi		
			Name of Person	
		SALTYBAYFLIPS LLC		
			Firm/Company	<del></del>
		8009 S Holland rd		
			Address	
		Panama City, FL 32409		
			City/State and Zip Code	
		khalilgio@gmail.com  E-mail address: (i	to be used for future annual report not	ification)
For furth	er information co	oncerning this matter, please ca		
KhalilG	iawashi		850 3918208	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	e 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 S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FL	rporations Fallahassee ee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SALTYBAYFLIPS LLC	2025 APR - 1 AM 7: 19
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)  JEGET AT UPSTATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company were f	filed on $\frac{02/07/2024}{}$ and assigned
Florida document number L24000070748	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	empany here:
Salty Bay Flips LLC	
The new name must be distinguishable and contain the words "Limited Liability Com-	pany," 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 addres agent and/or the new registered office address here:	s on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u> </u>	, Florida
Ci	y 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 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>	Address	Type of Action
			□Add
			□Remove
			Change
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Effective date, if other than the date of filing:  21 March 2025  (optional)  Can 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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  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 dis filed.  Dated  21 March  2025  Signature of a member or authorized representative of a member					-		
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Filing Fee: \$25.00