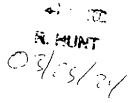
# L24000135707

-	
(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SAL-1, LLC	— — <sub> </sub>
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
Attal	Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File
	Fictitious Name File  Trade/Service Mark  Merger File
	Art. of Amend, File
	Annual Report / Reinstatement Cert. Copy
	Photo Copy  Certificate of Good Standing  Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

### **COVER LETTER**

	vision of Co			
SUBJECT	SAL-1, LL			
Sobster	•	Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Karen Kaplan		<b>~</b> .3
			Name of Person	
			Firm/Company	
		11800 30th Court North		
			Address	F. 59
		St. Petersburg, Florida 333		
		Legal@mgeonline.com	City/State and Zip Code	
For further	information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	ification)
Karen Kapi	lan		727 656-7000 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Re	niling Addres egistration S	Section	<u>Street Address:</u> Registration So	ection
	vision of C D. Box 632	orporations 7	Division of Co The Centre of	rporations
	llahassee, I			be Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAL-1, LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	ears on our records.) /)
The Articles of Organization for this Limited Liability Company were filed on Clorida document number L24000135707	March 22, 2024 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	here:
ne new name must be distinguishable and contain the words "Limited Liability Company," th	c designation "LLC" or the abbreylation "L.U.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
	(4)
	<u> 14 - 14 - 14 - 14 - 14 - 14 - 14 - 1</u>
nter new mailing address, if applicable:	
Aailing address MAY RE A POST OFFICE BOX)	59
. If amending the registered agent and/or registered office address on our	records, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	lorida street address
	Florida

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	Naime Sabriye Blumberg	1734 East Lake Woodlands Parkway	🗆 Add
		Oldsmar, Florida 34677	□ Remove
			□Add
			□Remove
		<del> </del>	Change
			□ Change
			← ☐ Remove
			☐ Change
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ctive date, if other than the date of filing:	(optional)	Pursuant to 605.02
: If the date inserted in this block does not meet the applic iment's effective date on the Department of State's records.	able statutory filing requirements, this date w	vill not be listed
ment 3 creedire date on the Department of State 4 records.	•	
ord specifies a delayed effective date, but not an effective ti	ime, at 12:01 a.m. on the earlier of: (b) The	90th day after th
filed.	,	,
, March 28 2024		
d	<del></del> ·	
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Comment of the commen		