P130000 110396

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: <u>Sprit</u> ER: <u>P13000</u>	N Hague &	1 (0 inc.	POCED 3 ON 2.22
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
_	(TPC	rge mor.	ton	ر حي
	mad	Name of Contact Person SOU Firm/ Company		_
_	11 portsi	Address		_
	FOrt Laud		CL 33316	_
_	9 M O Y + C E-mail address: (to be us	on a madis sed for future annual report	ol. Com	
For further information	concerning this matter, pleas	se call:		
UPORAP Name of	MO(10)	at (<u>954</u> Area Co	de & Daytime Telephone Numb	 per
nnciosed is a check for a	the following amount made	payable to the Florida Depa	artificial of State.	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 nassee, F1, 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303	

Articles of Amendment to Articles of Incorporation of

		<u> </u>	
(Name of Corporation	as currently filed with the Florida Dept. of State)		
P13000016396			
	Number of Corporation (if known)	~	
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following	wing amendme	
A. If amending name, enter the new name of the corp	poration:		
The Salty VI	19UE, (O.	77.	
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	ooration," "company," or "incorporated" or the abbrevi or "Co". A professional corporation name must com	The new lation "Corp.," ntain the word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off			
Name of New Registered Agent N / A			
	(Florida street address)		
New Registered Office Address:	Florida		
	(City) (Z	(ip Code)	
New Registered Agent's Signature, if changing Regists I hereby accept the appointment as registered agent. I a		v1.	
Sienatu	re of New Registered Agent, if changing		
	and the second s		
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John I	<u>Doe</u>			
X Remove	<u>V</u>	<u>Mike .</u>	Jones			
<u>X</u> Add	<u>sv</u>	Sally :	<u>Smith</u>			
Type of Action (Check One)	Title		<u>Name</u>		<u>Addres</u> s	
1) Change	<u>LE (</u>	<u>)</u>	Madison	MOITON	6555 POWELLINE #409	
Add Remove					Fort Lavaerdale,	FL 3330
2) Change						
Add						
Remove 3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5/ Change						
Add						
Remove						
6) Change						
Add						
Remove						

	sheets, if necessary)	i, (Be specific)				
	N/B					
						
						
						
		4				
						
						
					 	
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on omandman	t provides for an ex	ahanaa raalaccifia	ation or aspeable	ition of icensel ch	tu enc	
rovisions for i	mplementing the an	nendment if not co	ntained in the ar	nendment itself:	141 (5.	
(if not appli	vable, indicate N/A)				•	
N/A						
10 / N						
						
	7					
				,		
			_			

The date of each amendment(s) adoption:	01.28.20	, if other than the
date this document was signed.	() 1 . 28 . 20 (no more than 90 days after amendment file	•
Effective date it applicable.	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block doe document's effective date on the Departmen	es not meet the applicable statutory filing require t of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the for approval.	ne amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vot	the shareholders through voting groups. The foi ing group entitled to vote separately on the amen	llowing statement adment(s):
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by		
Dated 01.28.70 Signature (By a director.p	resident of other officer – if directors or officers incorporator – if in the hands of a receiver, trusted iary by that fiduciary)	
	(Typed or printed name of person signing)	
	president	
	(Title of person signing)	