P21000093739

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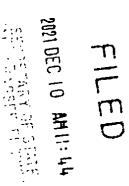
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NIC & Amend

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A. RAMSEY DEC 27 2021

COVER LETTER

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NAME OF CORPO	RATION: Salt Ciarrochi Inc.				
DOCUMENT NUMBER: P21000093739					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Jean Seibold				
		Name of Contact Person	n		
	Robert S. Forman, P. A.				
		Firm/ Company			
	8201 Peters Road, Suite 1000	• •			
		Address			
	Fort Lauderdale, FL 33324				
	-	City/ State and Zip Code	e		
	jean@rsflaw.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
Jean Seibold		at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILED

Salt Ciarrochi Inc.

(Name of Corporation as currently filed with the Florida Dept: of State) ____ 117-5855 -17-115 P21000093739 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,100o, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Salt Ciarroechi Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent -(Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

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)

Example:

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.

X Change	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
<u>X</u> Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) X Change	PTSD	Micheal Ciarrocchi	1900 Clifford Street, Unit 707			
Add			Fon Myers, FL 33901			
Remove						
2) Change						
Add						
Remove 3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change	•					
Add						
Remove						
6) Change						
Add						
Remove						

Attach <i>addit</i>	or adding addional sheets, if n	iecessary).	(Be specific	<u>ange(3) Here</u> .)				
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f an amend	ment provides	for an excha	inge, reclass	ification, or c	ancellation o	f issued share	<u>s.</u>	
provisions (it not)	for implementi applicable, indic	ng the amen	dment if no	contained in	the amendn	<u>ient itself:</u>		
(1) 1101 0	цирнеция, так	1116 117.13						
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The date of each amendment(s)	adoption:	
date this document was signed.		
Effective date if applicable:	(no more than 40 days after amendment file date)	· · · ·
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this d Department of State's records	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder ac	ton and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	t(u)
The amendment(s) was/were a must be separately provided for	pproved by the shateholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s)	nent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Decembe Dated	r 1, 2021	
Signature	2000	
selec	director, president or other officer - if directors or officers have not bee ted, by an incorporator - if in the hands of a receiver, trustee, or other co inted fiduciary by that fiduciary)	n ourt
	Micheal Ciarrocchi	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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