P2400047655

(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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09/05/24/5 (028-500) (**55.00

2024 SEP -6 PH 12: 40
SECRETARY OF STATE
FALLARIASSIE, FLORID.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SALTY CHARTE	RS BY CH, INC			
DOCUMENT NUMI					
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	YURENI ORIA PALOMING)			
	·	Name of Contact Person	1		
	SALTY CHARTERS BY CH, INC				
	Firm/ Company				
	17714 33RD RD N				
		Address			
	LOXAHATCHEE FL 33470				
		City/ State and Zip Cod	e		
	Itome@reves-medical.com				
		sed for future annual report	notification)		
For further information	n concerning this matter, plea	se call:	<u>814-1466</u>		
Name (of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made		,		
■ \$35 Filing Fee	S43.75 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)		
Ame Divi P.O.	ing Address Indirection Indire	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

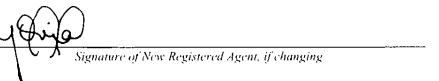
Articles of Amendment Articles of Incorporation

SALTY CHARTERS BY CH, INC.

(Name o	f Corporation as currently filed	d with the Florida Dept. of State)
P24000047655		
	(Document Number of Corp	poration (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Florid</i>	da Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:	
	orp," "Inc," or "Co". A prof	The new any, "or "incorporated" or the abbreviation "Corp.," fessional corporation name must contain the word
B. Enter new principal office address, (Principal office address MUST BE A S		2021 1 AL
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)		FILED (RELIAN OF STATE LAWASSE FLORD.
D. If amending the registered agent an new registered agent and/or the new		n Florida, enter the name of the
Name of New Registered Agent	YURENI ORIA PALOMINO	
	17714 33RD RD N	
	(Florida sireet ada	dressi
New Registered Office Address:	LOXAHATCHEE	, Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change \mathbf{PT} John Doe X Remove \underline{V} Mike Jones <u>X</u> Add SVSally Smith Type of Action <u>Title</u> Name <u>Addres</u>s (Check One) CARLOS REYES CHOUZA 17714 33RD RD N 1) ____ Change LOXAHATCHEE FL 33470 ____ Add _ Remove YURENI ORIA PALOMINO 17714 33RD RD N 2) ____ Change LOXAHATCHEE FL 33470 Add __ Remove 3.) ____ Change ____ Add Remove 4) ____ Change ____ Add Remove 5) ____ Change ___ Add _ Remove 6) ____ Change ____ Add Remove

If amending or adding additional Ar	rticles, enter change(s) here:
(Attach additional sheets, if necessary)). (Be specific)
-	
	· · · · · · · · · · · · · · · · · · ·
	
	
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
	······································
·	

The date of each amendment(s	September 18t, 2024) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendm sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following stator each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	······································	
	(voting group)	
Septemb Dated	er 1st, 2024	
(By a selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	Carlos Chouza Reyes	
	(Typed or printed name of person signing)	
	Incorporator, Former President	
	(Title of person signing)	