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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

	ation Sect 1 of Corpo							
	LTY SIRE	N TOURS, LLC	,			•		
SUBJECT:	<u>.</u>	Name of Limi	ited Liability Com	pany			-	
The enclosed Art	icles of A	nendment and fee(s) are sub	mitted for filing.					of Status &
Please return ail c	correspond	lence concerning this matter	to the following:					
		Kimberly Stibbs						
			Name of Pe	erson				
		Salty Siren Tours, LLC						
			Firm/Comp	pany			_	
		1568 West Union Street						
			Address	,			_	
		Hernando, FL 34442						
			City/State and Z	Zip Coc	le	•	;	25
		saltysirentours@gmail.com					1 · · · · · · · · · · · · · · · · · · ·	127
For further inforr	nation con	E-mail address; (t cerning this matter, please ca	to be used for futurall:	re annu	ial report notifi	ration)		31.033
Kimberly Stibbs			352 at (122-2837		• -	
	Name of F	erson	Area C		Daytime	Telephone Numb	per	Car
Enclosed is a che	ck for the	following amount:						
■ \$25.00 Filing	g Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Fil Certified (additional c	Copy		Certifi	eate of S ed Copy	tatus &
	Address:	etion	-		Address: tration Sect	ion		
_	ration Se on of Cor	porations		-	ion of Corp			
	ox 6327	•	•	The C	Centre of Ta	Hahassee		
Tallaha	issee, FI	. 32314	2	2415	N. Monroe	Street, Suite	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALTY SIREN TOURS, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	_	
The Articles of Organization for this Limited Liability Company	were filed on <u>08/04/2022</u>	and as	signed
Florida document number L22000343301			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviation "L	.L.C."
Enter new principal offices address, if applicable:	SALTY SIREN TOURS, LLC		
(Principal office address MUST BE A STREET ADDRESS)	439 NE 1st Terrace		
	Crystal River, FL 34429		
		2022 DE	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			.
B. If amending the registered agent and/or registered office a		•	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the i	name of the ne	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida		
	City	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 Changing Registered Agent, Signature of New Registered Agent

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
AP	TODD A HOPKINS	3211 N. SHERIFF DRIVE	
		BEVERLY HILLS, FL 34465	■Remove
			□Change
			□Add
			□Remove
	-		🗖 Add
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be e: If the date inserted in this block does not meet the apument's effective date on the Department of State's recomment.	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 6 plicable statutory filing requirements, this date will not be b	505,0, isted
cord specifies a delayed effective date, but not an effecti s filed.	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fter t
ed December 8 . 2022	·	
Sympall 1). MAL		
MINIMA O MILL	authorized representative of a member	