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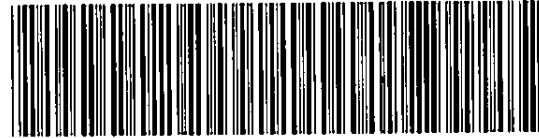
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**DATE: 07/23/2024**

**NAME: SALT FOX MARINE LLC**

**TYPE OF FILING: AMENDMENT**

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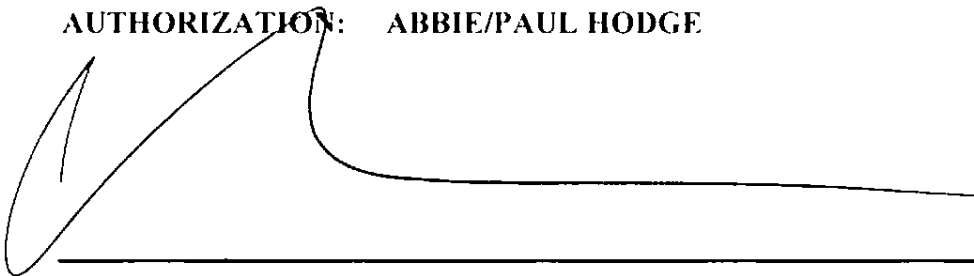
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SALT FOX MARINE LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Foxwell

\_\_\_\_\_  
Name of Person

SALT FOX MARINE LLC

\_\_\_\_\_  
Firm/Company

2094 33RD AVE

\_\_\_\_\_  
Address

Vero Beach FL 32960

\_\_\_\_\_  
City/State and Zip Code

CFOX7@COMCAST.NET

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER FOXWELL

443

521-7824

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 22, 2024

Signature of a member or authorized representative of a member

Christopher Foxwell  
Typed or printed name of signee