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(Requestor's Name)				
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A. BUTLER
JAN 25 2022

COVER LETTER

TO:

TO: Registration of Division of the Control of the	n Section Corporations					
502 N. Ocean Blvd., LLC						
Name of Limited Liability Company						
The enclosed Articl	s of Amendment and fee(s) are submitted for filing.					
	espondence concerning this matter to the following:					
	Elizabeth Huminski					
	Name of Person					
	Nachmias Morris & Alt LLC					
	Firm/Company					
	605 Main Street, Suite 212					
	Address					
	Riverton, NJ 08077					
	City/State and Zip Code					
	ehuminski@nmalaw.net E-mail address: (to be used for future annual report notification)					
For further informa	on concerning this matter, please call:					
Elizabeth Huminsk	856 733-6615					
N	me of Person Area Code Daytime Telephone Number					
Enclosed is a check	for the following amount:					
■ \$25.00 Filing F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Co	of Status &				
Division P.O. Box	on Section Registration Section of Corporations Division of Corporations)				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

502 N. Ocean Blvd., LLC	. (,	() () () () () () () () () ()
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our l Liability Company)	records.) () () () () ()
The Articles of Organization for this Limited Liability Company	•	. 5
Florida document number L16000139462		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Saltbox LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	605 Main Street,Suite 212	
Principal office address MUST BE A STREET ADDRESS)	Riverton, NJ 08077	<u> </u>
Enter new mailing address, if applicable:	605 Main Street, Suite 21	
Mailing address MAY BE A POST OFFICE BOX)	Riverton, NJ 08077	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, g	enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	City	Florida 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
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Change
			□Remove
			Change
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			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated ___ of a member or authorized representative of a member Elizabeth Huminski

Typed or printed name of signee