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D. BRUCE . MAR 14 2017

COVER LETTER

	tion Section of Corpor					
Mac SUBJECT:	aluso Con	struction, LLC				
SUBJECT:		Name of Lin	nited Liability Company			
		endment and fee(s) are sub	-			
Please return all co	orresponde	ence concerning this matter	to the following:			
		Michael Macaluso				
			Name of Person			
Macaluso Construction, LLC						
	Firm/Company					
		P.O. Box 320381		:	2017 SEC	order)
Address					至	
		Tampa/FL 33679			2011 HAR 13 P 2: 31	1
		City/State and Zip Code				
	-	mike@saltconstructioncom E-mail address: (pany.com (to be used for future annual repo	ort notification)	2: 3 ORIG	
For further inform	ation conc	erning this matter, please c	all:		D	
Michael Macaluse	D		813 917-35 at ()	529		
1	Name of Pe	rson	Area Code [Daytime Telephone Nur	mber	
Enclosed is a chec	k for the f	ollowing amount:				
■ \$25.00 Filing	Fee I	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certi d) Certi	0 Filing Fee, ificate of Status & fied Copy is enclosed	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Macaluso Construction, LLC			
(Name of the Lin	(A Florida Limited	nny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Florida document number L10000068544	Liability Company	were filed on 06/28/10	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
SALT Holdings, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	3825 Henderson Blvd.	
Principal office address MUST BE A STRE	ET ADDRESS)	Suite 306	
		Tampa, FL 33629	
Enter new mailing address, if applicable:		P.O. Box 320381	
Mailing address MAY BE A POST OFFICE BOX)		Tampa, FL 33679	
3. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	office address her	n Blvd., Suite 306 Enter Florida street address	HIAR 13 P 2: 30 NHASSEE FLORIDA
	i ampa	, Flori	Zin 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
MGR	Michael Macaluso	3825 Henderson Blvd.	□ Add
		Suite 306	□ Remove
		Tampa, FL 33629	■ Change
MGR	Tod Whitworth	3825 Henderson Blvd.	■ Add
		Suite 306	Remove
		Tampa, FL 33629	☐ Change
			☐ Remove
			Change
			CAE IND Add CAE IND Add Remove 2: 30 Change
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	be specific and c ck does not me	annot be prior to et the applicab	date of filing or ble statutory fili	more than 90 days	optional) after filing.) Pun , this date will	suant to 605.020 not be listed a
e record specifies a delayed The 90th day after the reco		te, but not	an effective	tìme, at 12:	01 a.m. on t	he earlier o
March 7		2017				
Mahu	l Mo	luu	zed representativ	a of a mamber		
						

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