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(Requestor's Name)
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COVER LETTER

го:								
	-	Salt Science	Distribution, LLC					
SUBJEC The enclo Please ret For furthe Jonathan	CT:Name of Limited Liability Company							
Sursion of Corporations Salt Science Distribution, LLC Name of Limited Liability Company								
Please re	turn	all correspor	ndence concerning this matter	to the following:				
			Jonathan Brust					
				Name of Person				
			Salt Based Pro					
				Firm/Company				
11419 W. Palmetto Park Road, BLDG A, #970701								
				Address				
			Boca Raton, FL 33428					
			·					
				to harvest for feture appeal	conort notification			
For furth	ner in	formation co	·		report tourcation)			
Jonatha	n Bn	ıst						
		Name of	Person	Area Code	Daytime Teleph	one Number		
Enclosed	d is a	check for the	c following amount:					
≘ \$25	.00 F	iling Fee	_	Certified Copy		Certificate of Status &		

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

TO:

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salt Science Distribution, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on or Liability Company)	nt 14co1q2")
The Articles of Organization for this Limited Liability Company lorida document number	were filed on <u>2/22/202</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Salı Based Pro, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designate	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
3. If amending the registered agent and/or registered office	address on our record	s, enter the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	vet 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

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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
			□Add
			[]Remove
			□Change
			①Add
			Remove
			Change
			D∧dd
			Пенюче
			□ Change
			□Add
			Remove
	<u> </u>		□Add
			□Remove
			□Remove
			Change

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TO

mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
(optional) (deficiency) (entire than the date of filing:	b)	
ord 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 filed.		
d_ i/zq . Zozy.	SECR TAL	2024 MAR
to the second se	LAY AY	AR :
Signature of a member or authorized representative of a member	RY (8

Filing Fee: \$25.00

Typed or printed name of signee