RI SOS Filing Number: 201881346160 Date: 11/15/2018 9:40:00 AM

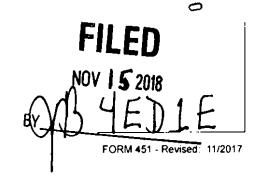
State of Rhode Island and Providence Plantations  Department of State - Business Services Division			· · · · · · · · · · · · · · · · · · ·	
A manufacture and A a A marks and	an fan Daniatustian			
Amendment to Applicati FOREIGN Limited Liability Col	<del>-</del>			
→ Filing Fee: \$50.00			*	
Pursuant to the provisions of RIGL 7	-16-52 the undersianed foreign lir	nited liability company hereby		
amends its Application for a Certification	ate of Registration to transact busi			
Rhode Island, and for that purpose s				
Entity ID Number:	The name of the limited liabilit	· · · · ·		
1681617	Salt Master Fund II	, LLC		
3. If the entity's name is changing, state the new name:				
		Check the box to indica	ate no change	
3a. The entity's name, if different, under which it proposed to register and transact business in Rhode Island is:				
4. If the period of duration has changed in the home state, complete the following section: CHECK ONE BOX ONLY				
Perpetual (on-going)				
Date certain for dissolution				
Check the box to indicate no change 5. If the required address of the office to be maintained in the state or country of its organization has changed, complete				
the following section:				
707 17th Street, Suite 3200, Denver, CO 80202				
		Check the box to indic	ate no change 🔲	
6. If the mailing address is changing complete the following section:				
707 17th Street, Suite 3200, Denver, CO 80202				
		Check the box to indic	ate no change 🔲	
7. If the entity's purpose is changing complete the following section: "The new purpose should include ALL activity to be				
transacted in the State of Rhode Island	J.		R.1	
			R.J. DEPT R.J. BUS	
			- 07-18	
			u 59	
		Obs. 1 M. J. C. S. C. M.	至空	
Check the box to indicate an attachment Check the box to indicate no change			ate no congree term	

## MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040 **Website:** www.sos.ri.gov



8. If the management structure ha	s changed, complete the following section:			
The Limited Liability Company is t	o be managed by: CHECK ONLY ONE BOX			
Its member(s) (If you have checked this box, skip to Section 9. <b>DO NOT</b> fill out the chart on the next page.)				
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of this Amendment to the Application for Registration, state the name and address of each manager.)				
MANAGER	ADDRESS			
Check the box to indicate no change				
9. As required by RIGL <u>7-16-67</u> , the limited liability company has paid all fees and taxes.				
10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration.				
11. Date when this Amendment to the Application for Registration will be effective: CHECK ONE BOX ONLY				
✓ Date received (Upon filing)				
Later effective date (Date must be no more than 30 days from the date of filing)				
Under penalty of perjury, I declare and affirm that I have examined this Amendment to the Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of Limited Liability Company		Date		
Salt Master Fund II, LLC		11-13-18		
Signature of Authorized Person  SJEUSIGN DOCUMENT HERE				

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

November 15, 2018 09:40 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

