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COVER LETTER

TO: Registration Section
Division of Corporations

Surrect. Sea S

Sea Salt Miami, LLC

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:

Carlos Miranda

Name of Person

Sea Salt Miami, LLC

Firm/Company

412 NW North River Drive

Address

Miami, Florida 33128

City/State and Zip Code

cmiranda@hwmiami.com

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

For further information concerning this matter, please call:

Carlos Miranda

{...}305.456-3578

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sea Salt Miami, LLC	ilita Camanan an ann ann an ann an ann an ann an	
(Name of the Limited Liab (A Flori	illity Company as it now appears on our records ida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Florida document number <u>L13000052026</u>	ty Company were filed on April 9, 2013	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	13 PPR
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designat	ion "LLC" or the obreviation
Enter new principal offices address, if applicable		N
(Principal office address MUST BE A STREET AI	DDRESS)	
		ilia -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	at address
	Enter Piorida Stre	er auuress
_	, Flori	
	City	Zip Code
New Registered Agent's Signature, if changing Regis	stered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Carlos Alvarez Miranda	32 NE 91st Street	
		Miami Shores, FI 33138	Remove
MGR	Stephane Dupoux	179-4 Northshore Drive	Add
		Miami Beach, Florida 3314	Remove
			Add
			Remove
		.50 pt. 	Add .
		See	Remove 2
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April	11 2013	
<u> </u>		
	Signature of a member or authorized representative of a	

Page 3 of 3

Filing Fee: \$25.00

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