L13000/44/135

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COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT

SEASALT AND PEPPER, 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 SEASALT AND PEPPER, LLC Firm/Company 412 NW NORTH RIVER DR Address MIAMI/FL 33128 City/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS MIRANDA

_{4,7}86、355-1993

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

SEASALT AND PEPPER, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/11/2013	and assigned
Florida document number L13000144135		·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	SE
		2 3 T
		125 125 126 126 126
Enter new mailing address, if applicable:		mo - M
Mailing address MAY BE A POST OFFICE BOX)		
		코프 ຜ
		2/W
3. If amending the registered agent and/or registered agent and/or the new registered office address		nter the name of the
	·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address Ty	pe of Action
MGR	DUPOUX, STEPHANE	170 / NODTHOUODE DD	□ Add
		MIAMIDEACH EL 22171	Remove
			□ Add
			☐ Remove
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			l Remove
		SECRETAR TALLAHASS	Add
		Y OF STATE	Remove
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f amending any other information, enter change(s) here: (Attach a	•
please remove stephane dupoux from	entity
	<u></u>
Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cathe date this document is filed by the Florida Department of State)	annot be more than 90 days after
in the same and a same of the	
ha et	
Dated 12,1 24th, 2014.	
Dated 12,1 24th, 2014.	
Signature of a member or authorized represen	ntative of a member
	ntative of a member

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Filing Fee: \$25.00

SECRETARY OF STATE

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