L13000144138

(Re	equestor's Name)			
(Ac	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Ви	siness Entity Nar	ne)		
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			

Office that they



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12/30/14--01036--003 **55.00



January 13, 2015

carlos miranda 422 nw north river dr miami, FL 33128

SUBJECT: seaspice, llc Ref. Number: L13000144135

We have received your document for seaspice, Ilc and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 415A00000647

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

Carlos Miranda Seaspice LLC Seasalt and Pepper, LLC 422 N.W. North River Drive Miami, Florida 33128

December 29, 2014

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

Re: Release of Name of Seaspice, LLC

To Whom It May Concern:

As per my conversation with the Division of Corporations, I am the owner and managing member of Seaspice, LLC, Document number L14000177920. I, as owner and managing member hereby release the rights, title and interest in the name Seaspice, LLC.

I am also an owner of Seasalt and Pepper, LLC, Document number L13000144135.

It is my intent that Seasalt and Pepper, LLC use the name Seaspice, LLC.

Please do not hesitate to contact me if you have any questions relating to this matter. My contact number is 786-376-2093 or by e-mail at cmmirror.com.

Sincerely.

Carlos Miranda

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SPG/5/1/7 9/1/ Perfect Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mrs Carolog Miraralia Name of Person
Secret Print Company
Firm/Company
422 NW Morth River Dra
Miscon Fl. 33158 City/State and Zip Code
Chystale and 21p code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (755) 1/6-2072 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

15 JAN 20 AM 9: 27

Sec Jo / T gry! (Name of the Limited)	Liability Company Florida Limited Liai	as it now appears on o	ur records.)	
The Articles of Organization for this Limited Liabi	ility Company we			and assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of the				
The new name must be distinguishable and end with the wor	ds "Limited Liability	y Company," the design	nation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable	le:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET A	(ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- 			
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offic e address here:	e address on our	records, enter the	ne name of the new
Name of New Registered Agent:				····
New Registered Office Address:		Enter Florida str	reet address	
_			, Florida	
		City		Zip Code
Now Desistant Assetts Cispeture if chapming De-	Andreas I America			

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:

Section 1

MGR = Manager AMBR = Authorized Member					
Title	Name	Address	Type of Action		
			Add		
			С Remove		
			Add		
			□ Remove		
			Add		
			☐ Remove		
			Add		
			□ Remove		
			Add		
			□ Remove		
			Add		
			☐ Remove		

D.	If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) SECRET OIVISION	FIL.c ARY OF CO	D OF SIATE RPORATION
	_	15 JAN	20	AM 9: 2
	_			
	(The effe	ve date, if other than the date of filing:		
	Dated .	X Mirande		
		Signature of a member of authorized representative of a member (G') G M G M G M G M G M G M G M M		

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Page 3 of 3

Filing Fee: \$25.00