

L12000000081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

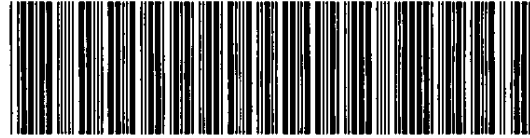
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SANS SOUCI 306 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:

DANNY MONTICELLI

Name of Person

SANS SOUCI 306 LLC

Firm/Company

12855 HICKORY RD

Address

NORTH MIAMI, FL 33181

City/State and Zip Code

DANNYMONTICELLI@GMAIL.COM

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

For further information concerning this matter, please call:

DANNY MONTICELLI

786 2479058

at (_____) _____

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**

SANS SOUCI 306 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on JANUARY 03, 2012 and assigned
Florida document number L12000000081.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1950 ALAMANDA DR, NORTH MIAMI FL 33181
(Principal office address MUST BE A STREET ADDRESS)

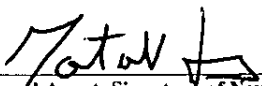
Enter new mailing address, if applicable: 12855 HICKORY RD, NORTH MIAMI FL 33181
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: DANNY MONTICELLI
New Registered Office Address: 12855 HICKORY RD
Enter Florida street address
NORTH MIAMI, FL 33181, Florida 33181
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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	FORTOUL, CHRISTIAN	10200 NW 25 ST, SUITE 207-A	<input type="checkbox"/> Add
		DORAL FL 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CAMEL 2015 LLC	9455 COLLINS AV, APT 405	<input checked="" type="checkbox"/> Add
		SURFSIDE FL 33154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OVIEDO, JOSE R	8101 BISCAYNE BLVD #205	<input type="checkbox"/> Add
		MIAMI , FL 33138	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DESIGN RELATED CONSULTING AND MANAGEMENT LLC	8101 BISCAYNE BLVD #205	<input checked="" type="checkbox"/> Add
		MIAMI FL 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JANUARY, 27, 2016

Signature of a member or authorized representative of a member

Damy Mavricelli
Typed or printed name of signee

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TALLAHASSEE, FLORIDA