

L11000046014

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB 25 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sans Souci 238, 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:

Marisol Touceiro
Name of Person

Firm/Company

1800 Sans Souci Blvd., #238
Address

North Miami, FL 33181
City/State and Zip Code

OSKAR96@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oskar Zarate at (786) 317-2060
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 238, LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 18, 2011 and assigned
Florida document number LI1000046014.

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" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

Marisol Touceiro

New Registered Office Address:

1800 Sans Souci Blvd, #238

Enter Florida street address

North Miami

City

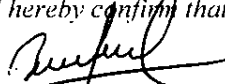
Florida

33181

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

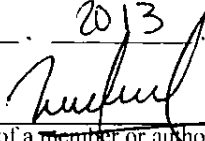
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Danny Monticelli	200 Sunny Isles Blvd. #2-1405	<input type="checkbox"/> Add
		Sunny Isles Beach, FL	<input checked="" type="checkbox"/> Remove
		33160	
MGRM	Ginea Belussi	200 Sunny Isles Blvd. #2-1405	<input type="checkbox"/> Add
		Sunny Isles Beach, FL	<input checked="" type="checkbox"/> Remove
		33160	
MGRM	Marisa Tousseiro	1800 Sans Souci Blvd., #238	<input checked="" type="checkbox"/> Add
		North Miami, FL	<input type="checkbox"/> Remove
		33181	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated September 16 2013



Signature of a member or authorized representative of a member

MARISOL TOUCEIRO CABO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00