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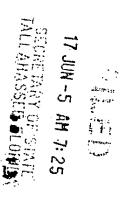
(Re	questor's Name)			
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## **COVER LETTER**

Division of Cor	porations		
SANS SOU	ICI 514 LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Danny Monticelli		
		Name of Person	
	·	Firm/Company	
	13499 Biscayne Blvd #201		
	***************************************	Address	
	North Miami Fl, 33181		
		City/State and Zip Code	
	dannymonticelli@gmail.cor		
		to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ea	aft:	
Danny Monticelli		786 247-9058	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

TO:

**Registration Section** 

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

(Name of the Limited Lial (A Flor	bility Company rida Limited Lia	as it now app bility Compan	ears on our recor	<u>'ds.</u> )	<del></del>	
e Articles of Organization for this Limited Liability orida document number	y Company w	ere filed on	4/28/2011		and assig	gned
is amendment is submitted to amend the following	:					
If amending name, enter the new name of the li	imited liabilit	y company	here:			
e new name must be distinguishable and contain the words "I	Limited Liability	Company," th	e designation "LL	C" or the ab	breviation "L.L	.C."
ter new principal offices address, if applicable:	-					
rincipal office address MUST BE A STREET AD	DRESS)					
	-					
iter new mailing address, if applicable:						
ailing address MAY BE A POST OFFICE BOX)	-					
If amending the registered agent and/or registered agent and/or the new registered office a		re address	on our recor	ds, <u>enter</u>	the name o	f the r
to the second se					<u>C.C.</u>	17
Name of New Registered Agent:					55	
Navy Basistanad Office Address				•	388	S
New Registered Office Address:		Enter i	Florida street addr	(53)	- C	<b>⇒</b>
			. F	lorida		- <b>4</b>
-		City	, -			•

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>	Address	Type of Action
MGR	Antonio Irizar	13499 Biscayne Blvd #201	Add
		North Miami Fl, 33181	☐ Remove
			Change
MGR	Marisol Touceiro	13499 Biscayne Blvd #201	<b>■</b> Add
		North Miami Fl, 33181	□ Remove
			Change
			□ Remove
			Change
			□ Add
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		<del>ار</del> ا
(If an effe Note:	ve date, if other than the date of filing:	05.0207 (3)(b) sted as the
(b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.  May 18  2017	ier of:
-		
	Signature of a member or authorized representative of a member	
	Danny Monticelli	

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Filing Fee: \$25.00