## L11000050337

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S. ROBERTS
MAY 1 1 2023

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corporations				
SUBJECT:	SANS Souci	514 LLC		
	<del></del>	nited Liability Company	· · · ·	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	condence concerning this matter	r to the following:		
	DANNY	VINCENZO MONT	ticelli	
		Firm/Company		
	7970	. ,		
		NW 645T		
	MIAHI	FL 33166		
	donny	City/State and Zip Code		
	E-mail address: (	INTICELLI Gamail - COM	fication)	
	concerning this matter, please c		•	
DANNY 1	lincenzo Monti	celli at (786) 2476	9058	
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	330.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre	<u>\$8:</u>	Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANS SOUCI 514 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 28, 2011 and assigned Florida document number L11000050337 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LENTAL CAR 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: MIAMI FL (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: New Registered Office Address: Enter Florida street address , Florida \_\_ 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
16RM	GINEA BELUSSI	9455 Collins AVE # 90	<u>1</u> □Add
		SURFSIDE FL 33/54	( <b>≱</b> Remove
			Change
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ii amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec <u>Note:</u> It	e date, if other than the date of filing:
e record ord is filed	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 l.
Dated _	MARCH 1 2023
	Notell by
	Signature of a member or authorized representative of a member
	DANNY VINCENZO MONTICElli

Filing Fee: \$25.00