

L1200000081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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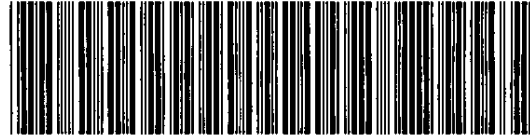
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 03 2016

S MASON

## 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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TALLAHASSEE, FLORIDA

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<br>CONSULTING AND MANAGEMENT<br>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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[illegible]

**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.

Dated JANUARY, 27, 2016

Danny Moricelli  
Typed or printed name of signee

**Filing Fee: \$25.00**

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