

L12000000081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

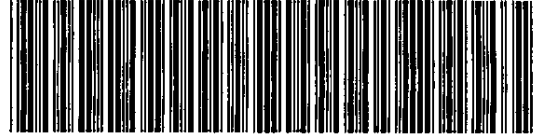
(Business Entity Name)

(Document Number)

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09/06/16--01002--008 **\$5.00

FILED
16 SEP - 6 PM 2016
CLERK OF STATE
TALLAHASSEE, FLORIDA
06/21/17

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:

Milena Paparoni
Name of Person

Sans Souci 306 LLC
Firm/Company

8101 Biscayne Blvd #205
Address

Miami FL 33138
City/State and Zip Code

milena@design-related.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Milena Paparoni at (706) 344 7017
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)

FILED
16 SEP -6 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01-03-2016 and assigned
Florida document number L120000000081

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:

(Principal office address MUST BE A STREET ADDRESS)

Milena Paparoni
8101 Biscayne Blvd 205
Miami FL 33138

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8101 Biscayne Blvd #205
Miami FL 33138

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:

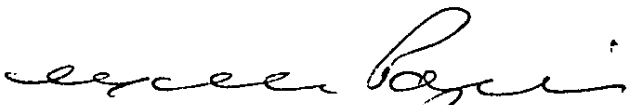
Name of New Registered Agent:

New Registered Office Address:

Milena Paparoni
8101 Biscayne Blvd #205
Miami, Florida 33138
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

Title	Name	Address	Type of Action
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AMBR	Mikena Paparoni	8101 Biscayne Blvd #2057 Miami FL 33138	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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AMBR	Cristian Fortoul	10200 NW 25 ST #207 Doral FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGR	Ferro Luis	10200 NW 25 ST #207 Doral FL 33172	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
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MGR	Camel 2015 LLC	9455 Collins Av #405 Surfside FL 33154	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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16 SEP -6
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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 _____, _____

Lucas Baur

Milena Paparoni
Typed or printed name of signee