

**L14000035355**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

**S Warren**

**DEC 07 2016**



**GONZALEZ, SHENKMAN & BUCKSTEIN PL**  
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Wellington, Florida 33414  
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Tel. 561-227-1575  
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December 5, 2016

VIA FEDERAL EXPRESS/PRIORITY OVERNIGHT DELIVERY

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
(850) 245-6052

**RE:   Fait Accompli LLC  
      1110 South Ocean LLC  
      South Ocean Living LLC**

Dear Sir/Madam:

Enclosed please find our firm check, in the amount of \$75.00, along with Articles of Amendments for filing for each of the above Florida limited liability companies.

Thank you for your time and attention to the foregoing. If you have any questions, please contact the undersigned.

Sincerely Yours,

Francisco J. Gonzalez

FJG/lk :  
Encls.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SOUTH OCEAN LIVING 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:

FRANCISCO J. GONZALEZ, ESQUIRE

\_\_\_\_\_  
Name of Person

GONZALEZ, SHENKMAN & BUCKSTEIN, P.L.

\_\_\_\_\_  
Firm/Company

1035 SOUTH STATE ROAD 7, SUITE 312

\_\_\_\_\_  
Address

WELLINGTON, FL 33414

\_\_\_\_\_  
City/State and Zip Code

FGONZALEZ@GSBLAWFIRM.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANCISCO J. GONZALEZ

561 227-1575  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

SOUTH OCEAN LIVING 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 03/03/2014 and assigned  
Florida document number L14000035355.

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:**

1035 South State Road 7, Suite 312

**(Principal office address MUST BE A STREET ADDRESS)**

Wellington, FL 33414

**Enter new mailing address, if applicable:**

1035 South State Road 7, Suite 312

**(Mailing address MAY BE A POST OFFICE BOX)**

Wellington, FL 33414

**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:

GSB CORPORATE SERVICES, LLC

New Registered Office Address:

1035 South State Road 7, Suite 312

*Enter Florida street address*

Wellington

*City*

Florida

33414

*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>
MGR	The Cantor Group Corporate Service	2601 South Bayshore Dr.	<input type="checkbox"/> Add
		Suite 1800	<input checked="" type="checkbox"/> Remove
		Miami, FL 33133	<input type="checkbox"/> Change
MGR	GSB Corporate Services, LLC	1035 South State Road 7	<input checked="" type="checkbox"/> Add
		Suite 312	<input type="checkbox"/> Remove
		Wellington, FL 33414	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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.

Dated DECEMBER 5th, 2016

Francisco J. Gonzalez

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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2016 FEB - 9 A 4 50  
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