

116000125331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 04 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SANS SOUCI 1945, 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:

LOREN BAUM

Name of Person

SANS SOUCI 1945, LLC

Firm/Company

3242 NE 166 STREET

Address

NORTH MIAMI BEACH, FL 33160

City/State and Zip Code

nuvoproperties@gmail.com

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

For further information concerning this matter, please call:

LOREN BAUM

305 490-8769
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SANS SOUCI 1945, LLC

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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	RENA MERINO	2341 21ST STREET	<input type="checkbox"/> Add
		SANTA MONICA, CA 90405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE REMOVE RENA MERINO FROM THE CORPORATION. THANK YOU FOR ALL YOUR
ASSISTANCE.

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TALLAHASSEE, FLORIDA

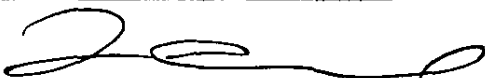
E. Effective date, if other than the date of filing: 09/28/2016 **(optional)**

(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 SEPTEMBER 28, 2016



Signature of a member or authorized representative of a member

LOREN BAUM

Typed or printed name of signee