# 116000125331

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D. SCOTT OCT 0 4 2016

### **COVER LETTER**

TO: Registration Se Division of Con				
SANS SOU	JCI 1945, LLC			
SUBJECT:	· Name of Lin	nited Liability Company	<del></del>	
	Amendment and fee(s) are sub	•		
	LOREN BAUM			
		Name of Person		
	SANS SOUCI 1945, LLC			
		Firm/Company		
	3242 NE 166 STREET			
		Address		
	NORTH MIAMI BEACH	, FL 33160		٠.
	nuvoproperties@gmail.con	City/State and Zip Code	ALLAI	6 8 T
	E-mail address:	to be used for future annual report notifi	cation)	1-3 1-3
For further information c	oncerning this matter, please c	ali:		, ,
LOREN BAUM		305 490-8769 at ( )	95 95	M III 32
Name o	f Person		Telephone Number	32
Enclosed is a check for the	ne 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 State Certified Copy (additional copy is enc	
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANS SOUCI 1945, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records sited Liability Company)	r)
The Articles of Organization for this Limited Liability Comp	pany were filed on 6/30/2016	and assigned
Florida document number L16000125331		
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 ADDRES:	<u>s)</u>	
		ALC:
Enter new mailing address, if applicable:		EM SIT
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		mg = 0
		54 =
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		, enter the name of the ne
egistered agent and/or the new registered office address	HEI C.	<i>y</i> *
Name of New Registered Agent:		
New Registered Office Address:	······	
	Enter Florida street address	•
		rida
	City	7 in 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>	Name	Address	Type of Action
MGR	RENA MERINO	2341 21ST STREET	□ Add
		SANTA MONICA, CA 90405	■ Remove
		- <u>-</u>	☐ Change
			□ Add
			□ Remove
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ASSISTANCE.	
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ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to d	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.
If the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records.	statutory filing requirements, this date will not be liste
·	
ecord specifies a delayed effective date, but not a	n effective time, at 12:01 a.m. on the earlie
e 90th day after the record is filed.	
. SEPTEMBER 28 2016	
d	
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Filing Fee: \$25.00