118000014199

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER MAY 2 4 2018

COVER LETTER

	gistration Se vision of Cor			
SUBJECT		F SE FL, LLC		
ACDIECT	•	Name of Limi	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	n all correspo	ndence concerning this matter	to the following:	
		BARBARA RUIZ-GONZA	ALEZ	
			Name of Person	
		RUIZ-GONZALEZ LAW,	PLLC	
			Firm/Company	
		PO BOX 833059		
			Address	
	•	MIAMI, FL 33283		
			City/State and Zip Code	
		barbara@ruizgonzalezlaw.c	om to be used for future annual report notifi	
For further	information c	e-mail address: o oncerning this matter, please or		catton)
	A RUIZ-GON		305 814-4224	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for tl	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 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

SOLEIL OF SE FL. LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number 1.18000014199	pany were filed on $\frac{01/16/2018}{}$ and assigned
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.	
	20 m
r	ORPOR
Enter new mailing address, if applicable:	0 10
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the nos here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SOLEIL INTERNATIONAL TRU:	615 CAPE CORAL PARKWAY W	Add
		CAPE CORAL, FL 33914	■ Remove
			Change
AMBR	ANDRE POIRIER	615 CAPE CORAL PARKWAY W	
	·	CAPE CORAL, FL 33914	Remove
			☐ Change
			☐ Remove
			Change
			Add
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ote: If the date inserted cument's effective date			ble statutory filing	requirements, this da	te will not be li	sted a
cument's effective date	; on the Department	tor state s records.				
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record specifies a The 90th day after	delayed effecti the record is fi	ve date, but not led	an errective tir	ne, at 12:01 a.m	i. on the ear	ner (
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	1 1					
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	Signature	of a member or autho	rized representative o	Î a member		

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Filing Fee: \$25.00