

N94 00000 3202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

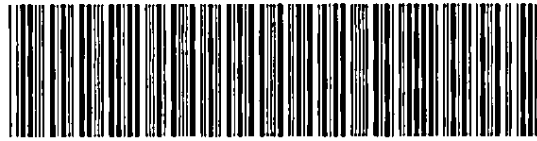
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RECEIVED
STATE OF ILLINOIS
REGISTRATION
20 NOV 25 PM 3:45

Amend.

DEC 03 2020

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sans Souci Condo MINIMUM ASSOC INC

DOCUMENT NUMBER: N 940 0000 3202

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zenaida Ortiz
(Name of Contact Person)

Sans Souci Condo INC
(Firm/ Company)

11960 NE 19th Office Box
(Address)

NORTH MIAMI FL 33181
(City/ State and Zip Code)

ladyzee58@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zenaida Ortiz at 305 608 8735
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 NOV 25 PM 3:15

RECEIVED
STATE
OF FLORIDA
DIVISION OF CORPORATIONS

*Sans Souci Condominium
11960 NE 19 Dr. Office Box
North Miami, FL 33181*

November 16th, 2020

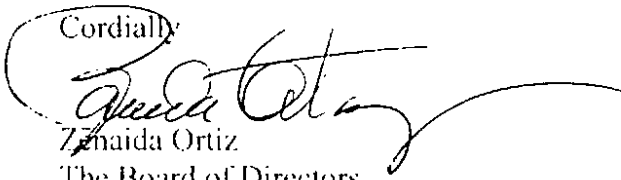
Florida Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

ATT: Diane Cushing
Senior Section Administration

Dear Ms Cushing,

We are returning the forms attached in response to your letter number 020A00022324. We corrected the mistake and we are returning it back to you.

Cordially,


Zenaida Ortiz

The Board of Directors

incl (2)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 NOV 06 09:15

November 6, 2020

Please correct my name to: ZENAIDA

ZANAIDA ORTIZ

SANS SOUCI CONDOMINIUM ASSOCIATION, INC.
11960 NE 19 DR. OFFICE BOX
NORTH MIAMI, FL 33181

SUBJECT: SANS SOUCI CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N94000003202

We have received your document for SANS SOUCI CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please only check 1 box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 020A00022324

Articles of Amendment
to
Articles of Incorporation
of

(Name of Corporation as currently filed with the Florida Dept. of State)

Sane Suci Condominium Association Inc

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20 NOV 25 PM 3:45
FLORIDA DEPT OF STATE
CORPORATION

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Zenaida Ontiz

11960 NE 19 DR #27

(Florida street address)

New Registered Office Address:

North Miami

(City)

Florida 33181

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Zenaida Ontiz

Signature of New Registered Agent if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action
(Check One)

Title

Name

Address

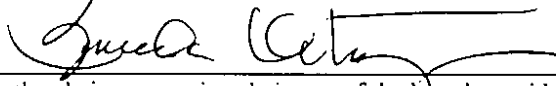
- | | | | |
|--|------------|-------------------------|--|
| 1) <input checked="" type="checkbox"/> Change
<input checked="" type="checkbox"/> Add | <u>V</u> | <u>Ana I Buitrago</u> | <u>2315 Overbrook St</u>
<u>Miami FL 33133</u> |
| <input type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change
<input type="checkbox"/> Add | <u>S/T</u> | <u>Jesse Montoya</u> | <u>2208 SW 106 Ct</u>
<u>Miami FL 33165</u> |
| <input checked="" type="checkbox"/> Remove | <u>VP</u> | <u>Nelson Mangual</u> | <u>11930 NE 19 Dr #26</u>
<u>NORTH MIAMI FL 33181</u> |
| <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add | <u>S</u> | <u>Cosvaldo Calzada</u> | <u>611 NW 5th St</u>
<u>Miami FL 33128</u> |
| 4) <input checked="" type="checkbox"/> Change
<input checked="" type="checkbox"/> Add | <u>D</u> | <u>Natalia Ipañez</u> | <u>12555 DISCAYNE BLVD</u>
<u>PMB 873</u>
<u>N. Miami FL 33181</u> |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add | <u>D</u> | <u>EDUARDO URBIBE</u> | <u>2150 Sans Souci Blvd #505</u>
<u>NORTH MIAMI FL 33181</u> |
| <input checked="" type="checkbox"/> Remove | <u>T</u> | <u>Janet Miranda</u> | <u>11925 NE 19 Dr #5</u>
<u>NORTH MIAMI FL 33181</u> |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 9/10/2020

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Zenaida ORTIZ
(Typed or printed name of person signing)

President
(Title of person signing)