

108000019392

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2019 FEB -6 PM 5:18
- THE BOARD OF STATE
- TALLAHASSEE, FL

FILED

C. GOLDEN

FEB 12 2019

COVER LETTER

**O: Registration Section
Division of Corporations**

UJECT: SAFE REAL ESTATE LIMITED LIABILITY COMPANY

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:

GIORGIO PICINELLI

Name of Person

SOBE PROPERTIES LLC

Firm/Company

1680 MICHIGAN AVE STE 910

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

GPICINELLI@GMAIL.COM

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

For further information concerning this matter, please call:

GIORGIO PICINELLI

305 672 4971

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

FILED

SAFE REAL ESTATE LIMITED LIABILITY COMPANY

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 FEB -6 PH 5:18

DIV. OF STATE
TREASURY
TALLAHASSEE, FL
and assigned

The Articles of Organization for this Limited Liability Company were filed on 02/22/2008
Florida document number L08000019392

This amendment is submitted to amend the following:

1. **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 ADDRESS _____

Enter new mailing address, if applicable: _____
Mailing address MAY BE A POST OFFICE BOX _____

2. **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: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
City *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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
IGRM	MAURICE K HINDS	8501 E DIXIE HWY MIAMI, FL 33138	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
IGRM	MATTEO BALDI	100 LINCOLN RD APT 935 MIAMI BEACH, FL 33139	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
IGR	MAURICE K HINDS	8501 E DIXIE HWY MIAMI, FL 33138	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
IGR	MATTEO BALDI	100 LINCOLN RD APT 935 MIAMI BEACH, FL 33139	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

Effective date, if other than the date of filing: _____ (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.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) The 90th day after the record is filed.

Dated 01/31 2019

Handwritten signature of Alessandra Bonzagni

Signature of a member or authorized representative of a member

ALESSANDRA BONZAGNI

Typed or printed name of signee