L13000085375

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NAME:

SOBE 17 MANAGER, LLC

TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Registration Section Division of Corporations

SHRIECT:

SOBE 17 Manager, 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:

Capitol Services Corporate Filing Team

Name of Person

Capitol Services, Inc.

Firm/Company

800 Brazos, Suite 400

Address

Austin, Texas 78701

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ronald@finvarb.com

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For further information concerning this matter, please call:

Geneva Harrison

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Name of Person

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Englosed is a check for the following amount:

W \$25,00 Filing Fee

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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

SOBE 17 Manager, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June 13, 2013 and assigned Florida document number <u>L13000085375</u> 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 end with 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) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 stanues 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 608, 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

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action	
MRG	Ronald J. Finvarb	9425 Harding Avenue	Add	
		Surfside, Florida 33154	Remove	
MGR	Richard Finvarb	9425 Harding Avenune		
		Surfside, Florida 33154	Remove	
MGMR	Ronald J. Finvarb	9425 Harding Avenue	√ Add	
		Surfside, Florida 33154	200	1/第4条
MGMR	Richard Finvarb	9425 Harding Avenue	A A A A	· Karaka
		Surfside, Florida 33154	AH AF Remark (
			Remove	
			Add	
			Remove	

O. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
0040
Dated August 7 2013
Signature of a member or authorized representative of a member
Ronald J. Finvarb, as Managing Member
Typed or printed name of signee
Page 3 of 3
Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIC