

LO2000023042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

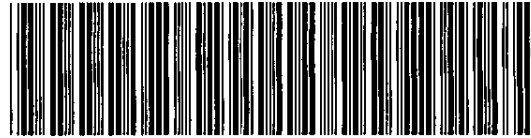
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MAY 14 2012

EXAMINER



000234856340

05/11/12--01007--015 **25.00

FILED
12 MAY 11 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Sobe AMERICA 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 Sept 5, 2002 and assigned Florida document number L02000023042

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 of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SHAREENA M. QUINN

New Registered Office Address:

2076 N.E. 121 Rd.

Enter Florida street address

N. MIAMI

Florida

33181

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 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 company has been notified in writing of this change.

Shareena Quinn
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MR.	GERARD QUINN	2076 NE 121 Road North Miami, FL 33181	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MRS	SHAREENA QUINN	2076 NE 121 Rd. North Miami, FL 33181	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MS.	Catherine ARRIGHI	960 Ocean Drive Miami Beach FL 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MR.	Pascal Gonzalez	960 Ocean Drive Miami Beach FL 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated May 8th, 2012

Signature of a member or authorized representative of a member

SHAREENA QUINN

Typed or printed name of signee

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Sobe AMERICA 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:

SHAREENA QUINN

Name of Person

Sobe AMERICA LLC.

Firm/Company

640 OCEAN DRIVE

Address

MIAMI BEACH FL. 33139

City/State and Zip Code

QUINNSPARK@Bellsouth.Net

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

For further information concerning this matter, please call:

SHAREENA QUINN

Name of Person

at (305) 788-1864

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