

LO7000044636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

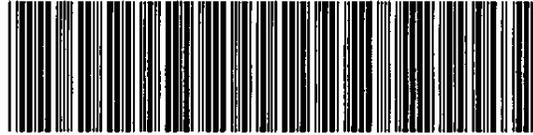
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07 MAY 10 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOBE AGENTS BROKERAGE GROUP, 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:

JORGE I. ACOSTA
(Name of Person)

SOBE AGENTS BROKERAGE GROUP, LLC
(Firm/Company)

2050 CORAL WAY, SUITE 201
(Address)

MIAMI, FL 33145
(City/State and Zip Code)

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07 MAY 10 PM 4:00
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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JORGE I. ACOSTA at (305) 856-1242
(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**

SOBE AGENTS BROKERAGE GROUP, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 4/26/2007 and assigned document number L07000044636.

SECOND: This amendment is submitted to amend the following:

ARTICLE I is hereby amended to read as follows:

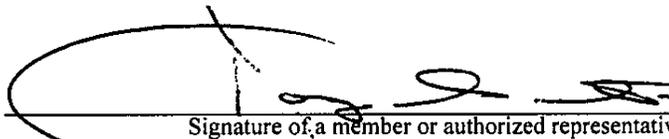
The name of the Limited Liability Company is:

SOBE BENEFITS INSURANCE GROUP, LLC

07 MAY 10 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated May, 2007.



Signature of a member or authorized representative of a member

JORGE I. ACOSTA

Typed or printed name of signee

Filing Fee: \$25.00