

LO7000044636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

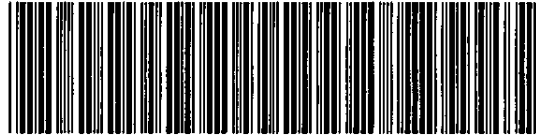
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07 MAY 10 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)

**FILED**  
**07 MAY 10 PM 4:00**  
**SECRETARY OF STATE**  
**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:

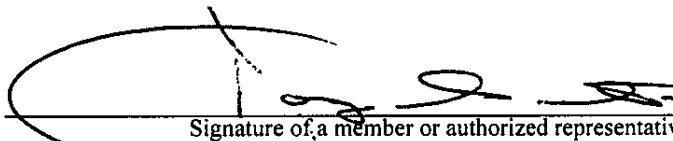
The name of the Limited Liability Company is:

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