## 108000019392

(Req	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

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C. GOLDEN FEB 12 2019

## **COVER LETTER**

O: Registration Section
Division of Corporations

SAFE REAL ESTATE LIMITED LIABILITY COMPANY
UBJECT:

UBJECT:	Name of Lim	nited Liability Company	
he enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
ease return all corresp	ondence concerning this matter	to the following:	
	GIORGIO PICINELLI		
	SOBE PROPERTIES LLC	Name of Person	
	1680 MICHIGAN AVE S	Firm/Company TE 910	-
	MIAMI BEACH, FL 3313	Address	· -
	GPICINELLI@GMAIL.CC	City/State and Zip Code DM	
or further information o	E-mail address: (concerning this matter, please or	to be used for future annual report notif	ication)
IORGIO PICINELLI		305 672 4971	
Name o	of Person	at ()at ()Daytime	Telephone Number
nclosed is a check for t	he 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 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)

he Articles of Organization for this Limited Liability Comp	pany were filed on 02/22/2	2008	AHAS OF STATE
lorida document number L08000019392			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	liability company here:		
ne new name must be distinguishable and contain the words "Limited I	Liability Company," the design	nation "LLC" or the a	abbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
	<del></del>		
nter new mailing address, if applicable:		<del></del>	<del></del>
<u> Iailing address MAY BE A POST OFFICE BOX)</u>			<del></del>
. If amending the registered agent and/or registere egistered agent and/or the new registered office address		r records, <u>entei</u>	the name of the new
Name of New Registered Agent:			<del> </del>
New Registered Office Address:	<u></u>		
	Enter Florida s	treet address	
		, Florida _	
Devictored Agent's Signature if about a Decistored Agent's	City		Zip Code
ew Registered Agent's Signature, if changing Registered Ag			
hereby accept the appointment as registered agent and covisions of all statutes relative to the proper and compacept the obligations of my position as registered agent ing filed to merely reflect a change in the registered of impany has been notified in writing of this change.	lete performance of my as provided for in Chap	duties, and I am oter 605, F.S. Or	familiar with and t, if this document is

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 removed from our records:

IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	<b>Type of Action</b>
1GRM	MAURICE K HINDS	8501 E DIXIE HWY MIAMI, FL 33138	
			Add
			Remove
			☐ Change
GRM ————————————————————————————————————	100 LINCOLN RD APT 935 MIAMI BEACH, FL 33139		
			■ Remove
			Change
GR	GR MAURICE K HINDS	8501 E DIXIE HWY MIAMI,FL 33138	■ Add
			Remove
			Change
GR	R MATTEO BALDI	100 LINCOLN RD APT 935 MIAMI BEACH. FL 33139	🖨 Add
	<del></del>	Remove	
		Change	
	<del></del>		
		<del></del>	Remove
		Change	
		☐ Remove	
			Change

	<u></u>
an effecti <b>ote:</b> If (	date, if other than the date of filing:
recor The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
01/ ated	2019
	Signature of a member or authorized representative of a member
	ALESSANDRA BONZAGNI
	Typed or printed name of signee

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Filing Fee: \$25.00