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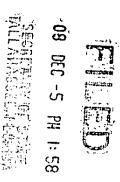
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S. HAWKES
DEC 0 9 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Sobo 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:						
Jillian Montes De Oca (Name of Person)						
Solo LC (Firm/Company)						
Po Box 1357 (Address)						
Stuat, FL 34995-1352 (City/State and Zip Code)						
For further information concerning this matter, please call:						
(Name of Person) at (772) 214-8530 (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount: \$25.00 Filing Fee \$ Certificate of Status \$25.00 Filing Fee & Certificate of Status \$ Certified Copy (additional copy is enclosed) \$25.00 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

SOBO,	LLC	erika , ik	8 1
(Name of the Limited Liability C (A Florida Lin	ompany as it now appear nited Liability Company)	rs on our records.	P. T.
The Articles of Organization for this Limited Liability Con	npany were filed on	06/03/2008	and assigned
Florida document number <u>L 0800054740</u>		ž.	
This amendment is submitted to amend the following:			. 58
A. If amending name, enter the new name of the limite	d liability company her	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	my," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:	301 Cle	matis Street	
(Principal office address MUST BE A STREET ADDRE	ss) Suite	2 3000	
	West Pa	Im Beach, FL	3340)
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, enter the	name of the new
registered agent and/or the new registered office address	<u> </u>		
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
		, Florida	·····
	(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.

(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 = M MGRM =	1anager ∙ Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add S
D. If ame	ending any other information, enter c	change(s) here: (Attach additional sheets, if neces	Remove
-			
-			
Dated	December 2.	2008.	·
	hillia	ember or authorized representative of a member	
	Signature of a m	n Montes De O Ca. Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00