

LD8000093706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

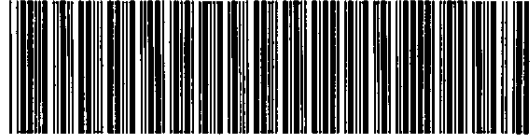
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/15/16--01010--028 \*\*52.50

SEP 19 2016  
S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304  
16 AUG 15 PM 4:00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2016

CHRISTOPHER TRAVIS  
SOB 1, LLC  
208 SYDNEY LANE  
REDINGTON SHORES, FL 33708

SUBJECT: SOB 1, LLC  
Ref. Number: L08000093706

We have received your document for SOB 1, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 516A00017413

2016 SEP 16 PM 3:30  
TALLAHASSEE, FL 32314

16 AUG 15 PM 4:00  
TALLAHASSEE, FL 32314

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

*Hope this is right, please apply the funds.  
Thank you  
Chris Travis*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOB 1, 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:

Christopher Travis  
Name of Person  
SOB 1, LLC  
Firm/Company  
208 Sydney Lane  
Address  
Redington Shores, FL 33708  
City/State and Zip Code  
cptravis@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Travis at (727) 639-8432  
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

FILED  
STATE  
TALLAHASSEE, FL 32301  
15 AUG 15 PM 4:00

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Sob 1, 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 10-2-2008 and assigned Florida document number L08000093706.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sumter Office Building 1, LLC

The new name must be distinguishable and contain 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)

SAME

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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16 AUG 15 PM 4:00  
 SECRETARY OF STATE  
 FALL RIVER, MASS.

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

1447 STATE  
STOCKHARDT, LONDA  
FALLAM, ASHLEY  
16 AUG 15 PM 4:00

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 9-13, 2016

 Managing Member  
Signature of a member or authorized representative of a member

Christopher Travis  
Typed or printed name of signee