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J. BRYAN

NOV 2 0 2012

**EXAMINER** 

# **COVER LETTER**

Division of Co			
SUBJECT:	SOFI INTER	NATIONAL REALTY LLC	<u> </u>
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		JORN LAHMANN Name of Person	
		Name of Leison	
		Firm/Company	
	125 JEF	FERSON AVE #142	TAPECT TO THE TA
		Address	MASS N 19
	MIAMI	BEACH FL 33139  City/State and Zip Code	- F 2 0
	E-mail address: (	RN 2008 G MSN_COM to be used for future annual report notifica	PLED SECRETARION OF STALLAHASSEE, FLORIDA
For further information	concerning this matter, please o	eall:	72
JORN LAHMANN Name of Person		at ( <u>786</u> ) <u>247-5262</u> Area Code & Daytime 1	<u>)</u> Γelephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate 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



SOFI INTERNATION (Name of the Limited Liability (A Florida L	AL REALTY, LLC	room do	<u> </u>
(Name of the Limited Liability (A Florida L	Company as it now appear imited Liability Company)	s on our records.	
The Articles of Organization for this Limited Liability Co	ompany were filed on	2/23/2011	and assigned
Florida document number			
	,	REQUESTED EA	ECTIVE DATE:
This amendment is submitted to amend the following:		JAW.	1st, 2013
A. If amending name, enter the new name of the limit	ted liability company her	<u>·e</u> :	
LAHMANN GLOBAL R	LEAL ESTATE LLC	<u> </u>	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Compa	iny," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable:	1000 5 TH	STREET, SUITE	200
(Principal office address MUST BE A STREET ADDR		ACH, FL 33139	
			<del></del>
Enter new mailing address, if applicable:	125 JEFF	ERSON AVE #1	42
(Mailing address MAY BE A POST OFFICE BOX)		EACH FL 33139	
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, <u>enter th</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
	<i>En</i>	ter Florida street addr	ess
	· · · · · · · · · · · · · · · · · · ·	, Florida	180 ×
	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 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 = Manager

MGRM = Managing Member

Type of Action **Address** Name <u>Title</u> 125 JEFFERSON AVE \$142 JORN LAHMANN MGR ☐ Add MIAMI BEACH , FL 33139 Remove 125 JEFFERSON AVE #142 JORN LAHMANN MGRM Remove MIAMI BEACH, FL 33139 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 Signature of a member or authorized representative of a member JORN LAHMANN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00