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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

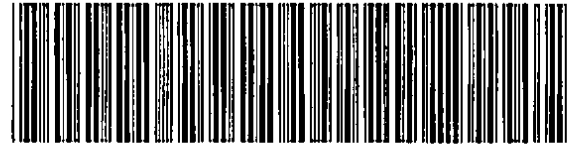
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOBE KICKBOXING, 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:

Johnnie Hernandez

Name of Person

SOBE KICKBOXING, LLC

Firm/Company

1860 West Ave, 2nd Floor

Address

Miami Beach, FL 33139

City/State and Zip Code

jrock@sobrekick.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johnnie Hernandez

305

297-4869

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SOBE KICKBOXING, 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 09/23/2011 and assigned
Florida document number L11000109289.

This amendment is submitted to amend the following:

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

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:

1860 West Ave, 2nd Floor

(Principal office address MUST BE A STREET ADDRESS)

Miami Beach, FL 33139

Enter new mailing address, if applicable:

1860 West Ave, 2nd Floor

(Mailing address MAY BE A POST OFFICE BOX)

Miami Beach, FL 33139

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:

Johnnie Hernandez

New Registered Office Address:

1860 West Ave, 2nd Floor

Enter Florida street address

Miami Beach

City

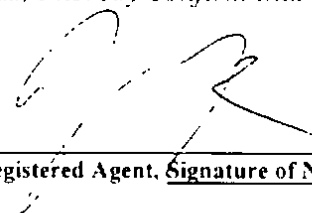
Florida

33139

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>
MGR	Keith Sharkey	2699 S Bayshore Dr, Suite 900	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Grace Lopez	200 Washington St	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tim Henkel	18001 Old Cutler Road, Suite 600	<input type="checkbox"/> Add
		Miami, FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Johnnie Hernandez	200 Washington Ave	<input type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

CHANGE registered agent to: "Johnnie Hernandez, 200 Washington Ave, Miami Beach, FL 33139"

Johnnie Hernandez Ownership: 80%

ADD MGR: "Grace Lopez, 200 Washington Ave, Miami Beach, FL 33139"

Grace Lopez Ownership: 20%

REMOVE MGR: "Keith Sharkey, 2699 S Bayshore Dr, Suite 900, Miami, FL 33133"

Keith Sharkey Ownership: 0%

REMOVE AMBR: "Tim Henkel, 18001 Old Cutler Road, Suite 600, Miami 33157"

Tim Henkel Ownership: 0%

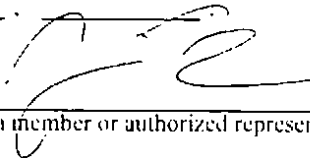
E. Effective date, if other than the date of filing: _____ (optional)

(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 November 22, 2021



Signature of a member or authorized representative of a member

Johnnie Hernandez

Typed or printed name of signee