

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H13000159459 3)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GUZMAN & GUZMAN, P.A.
Account Number : I20080000090
Phone : (305) 670-1991
Fax Number : (305) 670-1993

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 JUL 17 PM 4:30

FILED

RECEIVED
13 JUL 17 AM 6:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PARK AT SOBE LLC

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu Corporate Filing Menu

JUL 8 2013
Help
D. BUTLER

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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PARK AT SOBE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/16/2013 and assigned
Florida document number L12000037119

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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

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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:

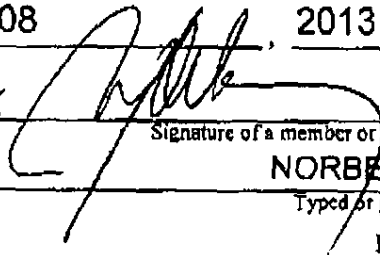
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	VARAS, NORBERTO	1941 PARK AVENUE	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Remove
MGR	OPPEL, CHRISTIAN	1941 PARK AVENUE	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Remove
MGR	G & G MANAGEMENT US LLC	9130 S DADELAND BLVD	<input checked="" type="checkbox"/> Add
		STE 1509	<input type="checkbox"/> Remove
		MIAMI, FL 33156	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 STATE OF FLORIDA
 CLERK OF COURT

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

Dated JULY 08, 2013

x 

Signature of a member or authorized representative of a member

NORBERTO VARAS

Typed or printed name of signer

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STATE OF FLORIDA
SALT SPRING BEACH