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J. SAULSBERRY . EXAMINER

JUL 30 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT.

Sobe Rentals Services 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:

Guy D. Sperduto

Name of Person

Guy D. Sperduto CPA, PA

Firm/Company

8963 Stirling Road Suite 718

Address

Cooper City FL 33328

City/State and Zip Code

gsperduto@accountinglinkusa.com

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

For further information concerning this matter, please call:

Guy D. Sperduto

, 954 **, 432-0272**

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sobe Rentals Services LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000075119</u> .	were filed on <u>05/22/2013</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and end with the words "Lim"L,L.C."	ited Liability Company," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	1000 West Avenue	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 718	
	Miami Beach, FL 33139	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered o	ffice address on our records, enter	一境 売 the 'name_of the inew
registered agent and/or the new registered office address he		JL 29
Name of New Registered Agent:		TO TO TO
New Registered Office Address:	Enter Florida street add	g
	. 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Maurizio Galle	255 Collins Avenue	Add
		Suite 1	Remove
		Miami Beach FL 33139	_
MGR	Maurizio Galle	1000 West Avenue	Add
		Suite 718	Remove
		Miami Beach FL 33139	_
MGR	Cortesano Enterprises LLC	255 Collins Avenue	Add
		Suite 1	Z Remöve,
		Miami Beach FL 33139	,
Member	Cortesano Enterprises LLC	1000 West Avenue	Add
		Suite 718	Remove
		Miami Beach FL 33139	_
			Add
			Remove
			-
			Add
			Remove

D. If an	nending any other informat	ion, enter change(s) here: (Attach a	dditional sheets, i	(necessary.)
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Dated J	uly 23, 2013	7		
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