

L13000079214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

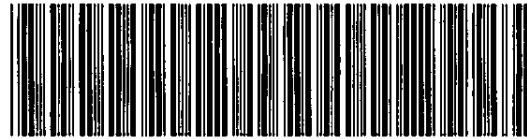
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALLAHASSI, FLORIDA

2013 DEC 13 PM 5:05

B. BOSTICK
DEC 16 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

Sobe Positive Lifestyles, LLC

SUBJECT: _____
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:

Darvin Legaspi

Name of Person

Sobe Positive Lifestyles LLC

Firm/Company

900 Biscayne Blvd Apt 1401

Address

Miami, FL 33132

City/State and Zip Code

accounting@sparxmediagroup.com

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

For further information concerning this matter, please call:

Darvin Legaspi

619 869-0150

Name of Person

at ()

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

RECEIVED
TALLAHASSEE, FL
DEC 13 2007

2007 DEC 13 PM 5:05

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

Sobe Positive Lifestyles, 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 5/31/2013 and assigned
Florida document number L13000079214

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)

382 NE 191st St #87394

Miami, FL 33179-3899

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

382 NE 191st St #87394

Miami, FL 33179-3899

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:

Darvin Legaspi

New Registered Office Address:

900 Biscayne Blvd Apt 1401

Enter Florida street address

Miami

Florida 33132

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

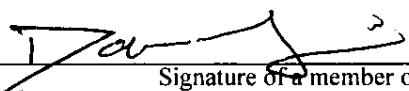
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Elizabeta Dimkova	900 Biscayne Blvd Apt 1401	<input checked="" type="checkbox"/> Add
		Miami, FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Dated December 11th, 2013



Signature of a member or authorized representative of a member
Darvin Legaspi

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 DEC 13 PM 5:05
FALL RIVER, MA
FALL RIVER, MA