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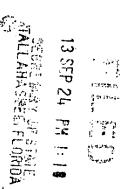
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sove Equities, 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:
Antonio Ridriguez
Name of Person
Firm/Company
2601 Bis cayne Blud
Address
MIAMI RC 33/37
City/State and Zip Code  AROdr, quez Om, 1/er gp. Com  E-mail address: (to be used for future annual report northcotion)
For further information concerning this matter, please call:
An fan 8 Body, 90-2 at 305 576-6333 223 23 Area Code & Daytime Telephone Number 2
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee U\$30.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

. Sure Egu	1 hoc	LLC	_		
(Name of the Limited Liabil (A Florid	ity Company as	s it now appe	ars on our	records.)	
The Articles of Organization for this Limited Liability Florida document number	Company wer	e filed on	Aug	21, 2013	and assigned
Florida document number <u>L 13000 11 8 L 6</u>	<u>97</u> .		v		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability	company h	ere:		
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited I	Liability Com	oany," the d	esignation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADL	DRESS)				
				TANK.	
					S
Enter new mailing address, if applicable:				11 13 14 38	2-16-11
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>			<u> </u>	
The state of the s					
B. If amending the registered agent and/or regi	istered office	address on	our recoi	ટાંટી ds. enfei⊓tha	—————————————————————————————————————
registered agent and/or the new registered office ad			04. 1000	us, <del>chep. th</del>	
Name of New Registered Agent:					
•					
New Registered Office Address:			nton Florio	la street addre	
		£	nier Fiorla	u sireei uuure	33
<u> </u>			,	Florida	
	Ci	ty			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 = Ma MGRM = M	nager Ianaging Member	
Title MGRM	Roger Miller	Address Type of Action  2601 Biscayne Blud Madd
	J	2601 Biscayne Blud Add MIAMI PC 33137 Remove
NGRM	Christopher Kalivokas	3603 Grangda Blvd DAdd  Coral Gables, Remove  33134
		Add
		Remove
<del></del>		A SEP Add
		Rêmove
		Add
	•	Kentove
	<del></del>	Add
		Remove

•	
Sep	f 23, 2013
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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