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(Ad	dress)				
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OIVISION OF CORPORATIONS

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COVER LETTER

TO:	Reg Div	istration Sec ision of Corp	tion orations		4	
Stirt	FCT.	ESPRIT SOE			*	
3013	ect.			ited Liability Company		
The er	nclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	e return	all correspon	dence concerning this matter	to the following:		
			Paul BENICHOU			
				Name of Person		
			ESPRIT SOBE LLC			
				Firm/Company		
			920 Pennsylvania Ave			
				Address		.*
			MIAMI BEACH, FL 3313	9		
				City/State and Zip Code		
			sobe920penn@yahoo.com			
			E-mail address: (1	to be used for future annual rep	port notification)	
For fu	rther in	formation cor	cerning this matter, please ca	all:		
Paul E	Benicho	ou		305 63290 at ()		
		Name of I	Person	Area Code	Daytime Telephone Number	
Enclos	sed is a	check for the	following amount:			
₽ \$2	25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	e of Status &

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

ESPRII SOBE LLC							
(Name of the Limi	ted Liability Compa (A Florida Limited l	any as it now appears on o Liability Company)	ur records.)				
The Articles of Organization for this Limited L Florida document number L15000009957 This amendment is submitted to amend the foll A. If amending name, enter the new name of	owing:		DIVISION OF CORPORATIONS	ここにコ			
The new name must be distinguishable and contain the	vords "Limited Liabil	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."	-			
Enter new principal offices address, if applie	cable:	920 Pennsylvania Avenue					
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MIAMI BEACH, FL 33139					
		920 Pennsylvania Avo	33139	- -			
B. If amending the registered agent and registered agent and/or the new registered o			records, enter the name of the	ICV			
Name of New Registered Agent:	PAUL BENICH	нои		-			
New Registered Office Address:	920 Pennsylvan			_			
•		Enter Florida str	eet address				
	MIAMI BEAC	Н	, Florida ³³¹³⁹	_			
		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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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. Effective date, if othe	r than the date	of filing:			(optional)		205 (2) 5
Note: If the date insert document's effective date	ed in this block do	es not meet the	applicable s	of filing or m tatutory filin	ore than 90 days g requirements	this date wil	l not be listed	as the
the record specifies The 90th day afte	a delayed effe er the record is	ective date, b s filed.	ut not an	effective t	ime, at 12:	01 a.m. on	the earlier	of:
JUNE 8th		2017		_				
Dutou			7					
					of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00