Division of Corporations Electronic Filing Cover Sheet

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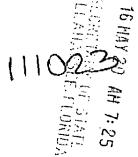
: (305)633-9696

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOBE WELL CENTER, LLC

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Corporate Filing Menu

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## **COVER LETTER**

TO: Registration S Division of Co		_	
SUBJECT:	SOBE WE	ELL CENTER	LLC
	Name of Lim	ited Linbility Company	
The enclosed Articles of	Amendment and fee(s) are sub	mined for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	MAX A. ADAMS, ESQ.		
		Name of Person	
	Law offices of max	A. ADAMS, ESQ PLLC	
		Firm/Company	
	2151 S. LEJEUNE RD, ST	CB. 306	
Name of Climited Liability Company  The emplosed Articles of Amendment and fee(s) are submitted for filing.  It is employed Articles of Amendment and fee(s) are submitted for filing.  It is natter to the following:  MAX A. ADAMS, ESQ.  Name of Person  LAW OFFICES OF MAX A. ADAMS, ESQ PLLC  Firm/Company  2151 S. LEJEUNE RD, STE. 306  Address  CORAL GABLES, FLORIDA 33134  City/State and Zip Code  ANGIE@THEMEDILAWFIRM.COM  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  INGELA PEREZ  Name of Person  Area Code  Daytime Tetephone Number			
	CORAL GABLES, FLOR	1DA 33134	
	•		
		•	cation)
For further information c	oncerning this matter, please ca	alli	
ANGELA PEREZ			
Name o	f Person		Telephone Number
Enclosed is a check for ti	ne following amount:		
□ \$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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 Choic Tallahasses, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

registered agent and/or the new registered office address here:  Name of New Registered Agent:	ur records, enter the name of the new
	ur records, enter the name of the new
	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	5 70
Enter new mailing address, if applicable:	
	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new principal offices address, if applicable:	- 1.1 <u>5</u>
The new name must be distinguishable and contain the words "Limited Liability Company," the design	enadion "LLC" or the abbreviation "LL.C."
A. If amending name, enter the new name of the limited liability company here	1
This amendment is submitted to amend the following:	Company were filed on O-14-2015 and assigned  936  mitted liability company," the designation "LLC" or the abbreviation "LLC"  DRESS)  Enter Floridg street address  Florida
If amonding name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  er new principal offices address, if applicable:  include office address MUST BE A STREET ADDRESS)  er new malling address, if applicables  illing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new stered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Siter Floridg street address	
The Articles of Organization for this Limited Liability Company were filed on	mited Liability Company were filed on 10-14-2015 and assigned 00174936  the following:  mame of the limited liability company," the designation "LLC" or the abbreviation "LLC"  spplicable:  STREET ADDRESS)  ble:  FRICE BOX)  The aud/or registered office address on our records, enter the name of the new tored office address here:  Enter Florida street address  Enter Florida street address
(A Florida Limited Limbility Company)	n our records.)
(A Florida Limited Limbility Company)	our records.)

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 Avent

Page 1 of 3

If amending Authorized Porson(s) authorized to manage, enter the title, nume, and address of each person being added or removed from our records:

AMBR = Authorized Member Type of Action <u>Address</u> Title Name Robert Cardenas Mani Beach, A 33140 Change □ Add Remove Change DAA [I] □ Remove ☐ Change □ Add 🗆 Remove 🖸 Change □ Add D Remove ☐ Change □ Add □ Remove □ Change

Page 2 of 3

MGR = Manager

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	M-	) ]
		7:
		CJ CO
receive date, if other than the date of filing:  a effective date is listed, the date must be specific and cannot be prior to date of the lister date inserted in this block does not meet the applicable status cament's effective date on the Department of State's records.  The south day after the record is filed.	nory Itting requirements, this date will not be liste	d as t
red May 20 . 2016 2016		
	esentative of a trember	
Signature of a member or sulhorized tepre		

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