## L15000 194278

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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**NOV** 3 0 2015 **J SHIVERS** 

## **COVER LETTER**

TO:		stration Sec sion of Corp			
ene iez		SOBE LIFE	STYLE GROUP, LLC		
SUBJEC	. I. <u>.</u>		Name of Limi	ted Liability Company	
The encl	osed	Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please re	eturn a	all correspor	dence concerning this matter t	o the following:	
				MAXO SINAL	
				Name of Person	
	SINAL CONSULTING GROUP, LLC				
	Firm/Company			····	
			18800 N	W 2 AVENUE, SUITE 221	
				Address	
				MIAMI, FL 33169	
				City/State and Zip Code	<del> </del>
				AXOSINAL@AOL.COM o be used for future annual report i	notification)
For furth	ner in:	formation co	ncerning this matter, please ca		,
MAXO	SINA	<b>NL</b>		305 308-8229	
		Name of	Person	Area Code Day	time Telephone Number
Enclose	d is a	check for th	e following amount:		
\$25.	.00 Fi	ling 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 LIFESTY	YLE GROUP, LLC	
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Con Plorida document number L15000194235	npany were filed on NOVEMEBRE 17, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:	
'he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	25 SSE
	, Florida	10 A
	City	Zip Code
New Registered Agent's Signature if changing Registered A	A gent:	©,~ <b>∞</b>

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KEVIN MARINE	1000 5TH STREET, SUITE 200	
		MIAMI, FL 33139	<b>■</b> Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
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			☐ Remove
			Change
	The state of the s		
		<del> </del>	Remove
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Typed or printed name of signee

Filing Fee: \$25.00