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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

то:	Registration Division of C				
SUBJE		PERTIES LLC			
SUBJE	CI; <u></u>	Name of Lim	ited Liability Company		
		of Amendment and fee(s) are sub	-		
		Olena Bondarchuk	•		
			Name of Person		
		PR8 Properties LLC			15 16
			Firm/Company		ECX A
	1900 Sunset Harbour Drive, apt 1714				1550年
	•		Address		
		Miami Beach, 33139			FILED NUG -3 PN 3:38 CRETARY OF STATE LANGASSEE, FLORIDA
			City/State and Zip Code		38 10A
		rodpita78@gmail.com			
East front	har information	is-mail address: (a concerning this matter, please calls	to be used for future annual report notification.	cation)	
		reducerning this matter, please ca			
Olena B	londarchuk		954 9450634 at ()		
	Name	e of Person	Area Code Daytime	Telephone Number	
Enclose	d is a check for	r the following amount:			
	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	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

PR8 PROPERTIES LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compar	y were filed on 22nd July	and assigned
Florida document number L16000137760		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
SOBE8 PROPERTY MANAGEMENT LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	AL	<u>ත</u>
	全部	E T
Enter new mailing address, if applicable:	ASS	以下
(Mailing address MAY BE A POST OFFICE BOX)	e mg	
mung unuress MAT BE AT OST OFFICE BOX)		<u> </u>
		<u>ယ</u> ယ
B. If amending the registered agent and/or registered	office address on our records, enter the	ယ ထ name of the new
registered agent and/or the new registered office address he		manie of the next
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
		ip 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 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>	Address	Type of Action
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			Remove
			Change
			Remove
			Change
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			EE, FLORIDA
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	d specifies a del Oth day after the			not an effec	tive time, at 1	2:01 a.m. o	n the earlier o
ted	August		_, 2016		_		
		Signature of	a member of a	thorized represe	ntative of a membe	r	