

L170000001638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

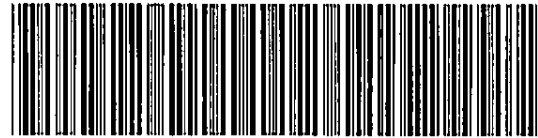
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOBE INVEST USA, 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:

VIALETTES SABRINA

Name of Person

SOBE INVEST USA LLC

Firm/Company

5445 COLLINS AVE #530

Address

MIAMI BEACH, FL 33140

City/State and Zip Code

INFO@SOBEUSA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FABRICE ERNANDES

Name of Person

at (786) 603-0184

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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 INVEST USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 03, 2017 and assigned
Florida document number L17000001638.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5445 Collins Avenue CU 10

(Principal office address MUST BE A STREET ADDRESS)

FL-33140 Miami Beach

Enter new mailing address, if applicable:

5445 COLLINS AVE #530

(Mailing address MAY BE A POST OFFICE BOX)

FL-33140 Miami Beach

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Fabrice Ernandes

New Registered Office Address:

5445 Collins Avenue #530

Enter Florida street address

MIAMI BEACH

Florida 33140

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	VIALETTES Sabrina	5445 COLLINS AVE #530	<input type="checkbox"/> Add
		FL 33140 MIAMI BEACH	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ERNADES FABRICE	5445 COLLINS AVE #530	<input type="checkbox"/> Add
		FL-33140 MIAMI BEACH	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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13 AUGUST 1967

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated NOVEMBER 1ST 2017

VIALETTES SABRINA

Typed or printed name of signee