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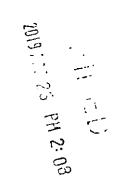
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
cuni	D15 Sobe I	.LC		
SUBJ	r.c.i:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Francisco Augspach, Esq.		
			Name of Person	
		Augspach Law PLLC		
			Firm/Company	
		1280 Fifth Avenue, Apt. 6	G	
•		<del></del>	Address	<del></del>
		New York, New York 100	29	
			City/State and Zip Code	<del></del>
		faugspach@augspachlaw.co		
		E-mail address: (	to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	all:	
Francisco Augspach, Esq.		212 804-8746		
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional 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

2019

D15 Sobe 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  $\frac{02/13/2017}{1}$ and assigned Florida document number 1.17000032021 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Augspach Law PLLC Enter new mailing address, if applicable: 1280 Fifth Avenue, Apt. 6G (Mailing address MAY BE A POST OFFICE BOX) New York, NY 10029 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: New Registered Office Address: Enter Florida street address 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Mar AMBR = Aut	ager horized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			□ Change
			🗆 Remove
			□ Change
•		-	🗆 Add
			Remove
			Change
			□ Add
			□ Remove
			🗆 Change
	- <u></u>		□ Add
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			Change
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			□ Remove

\_□ Change

•	
(If an et <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	April 25 . 2019

Page 3 of 3

Filing Fee: \$25.00