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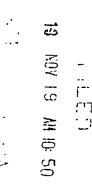
	(Requestor's Name)			
	(Address)			
-	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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O SIMMONS DEC 0 1 2018

COVER LETTER

	sistration Section ision of Corporations		
SUBJECT:	SOBE SUITE HOTEL LLC		
SUBJECT	Name of Limit	ed Liability Company	
The enclosed	l Articles of Amendment and fee(s) are subm	nitted for filing.	
	all correspondence concerning this matter to	-	
	GABRIELE BRAHA		
		Name of Person	
	SORE SUITE	HOPE UC Firm/Company	
	435 218+	SMEET Address	
	MARY BOACH	H PC 33 139 City/State and Zip Code	
	E-mail address: (to	be used for future annual report notifies	ation)
For further i	nformation concerning this matter, please cal	n:	
CAR	Name of Person	at (166) 536 2 Area Code Daytine T	clephone Number
Enclosed is	a check for the following amount:		
\$25.00 F	Siling Fee Solution Status Siling 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

(Name of the Limited Liability Comma	ny as it now appears on our records.)
(Name of the Limited Liability Compa (A Florida Limited L	
The Articles of Organization for this Limited Liability Company Florida document number <u>L. 180025257</u> 7	were filed on <u>10 26 2018</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
TOW RESIDENCE CONTROL NAMED.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability

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 = Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
H6R	INVESTOR TWO UC	435 2187 Smeet	□ Add
		WAW BEACH FL 33/39	Remove
			Change
<u>HGIZ</u>	CABIURE BULLYA	U35 21ST-Breet	Add
		WAYNU BEACH FL 33139	Remove
			_ Change
			_□ Remove TI
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Note: If the date inserted in	e must be specific and cannot be prior to date of his block does not meet the applicable state the Department of State's records.		ling.) Pursuant to 605.020
e record specifies a de The 90th day after the	ayed effective date, but not an eff record is filed.	fective time, at 12:01 a.	m. on the earlier o
Dated NOVEMBER	14th 2018	7/.0	
	Signature of a new arrangement of the signature of a new arrangement of the signature of th	resentative of a member	

Page 3 of 3

Filing Fee: \$25.00