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COVER LETTER

	sion of Corp			
SUBJECT:	Sobel Ventu	ires Group, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Howard J. Sobel		
			Name of Person	
		Sobel Ventures Group, LL	С	
			Firm/Company	
		22301 Kettle Creek Way		
			Address	
		Boca Raton, FL 33428		
		hjsobel@gmail.com	City/State and Zip Code	
			to be used for future annual report notific	ation)
For further in	formation co	oncerning this matter, please ca	alt:	
Howard J. So	bel		954 638-9291 at ()	
Name of Person		Person		Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 Fi	iling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Address istration S		Street Address: Registration Secti	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10:00 -7 AN 7:39 Sobel Ventures Group, 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 $\underline{09/08/2020}$ ____ and assigned Florida document number L20000279613 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: (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 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

__, Florida ______ Zip Code 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 [3,4,60] +7	1. 7: Type of Action
AMBR	Howard J. Sobel	22301 Kettle Creek Way	
		Boca Raton FL 33428	
			\bullet Change
			🗀 Add
			Remove
			Change
			□Add
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			□Remove
			□ Change

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	(a-tia-al)
effective date is listed, the date must be specific and cannot be	(optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ee: If the date inserted in this block does not meet the a	applicable statutory filing requirements, this date will not be listed as
ument's effective date on the Department of State's rec	cords.
	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
1	
September 29 7920	
	
- Circuit Addition	r authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee