

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

62100087905

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SOBE SEA, LLC**

| | |
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Electronic Filing Menu

Corporate Filing Menu

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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 | NEUMAN, RONIT | 10295 COLLINS AVENUE, 2ND FLOOR | <input type="checkbox"/> Add |
| | | BAL HARBOUR, FL 33154 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | BEN-JOSEF, RONEN | 10295 COLLINS AVENUE, 2ND FLOOR | <input checked="" type="checkbox"/> Add |
| | | BAL HARBOUR, FL 33154 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 14, 2021

Signature of a member or authorized representative of a member

Javier Granda

Typed or printed name of signee

Filing Fee: \$25.00