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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.\*\*

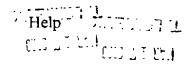
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOBE SEA, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SOBE SEA, LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now and a Limited Liability Compan	oars on our records.) y)	<del></del>
The Articles of Organization for this Limited Liability ( Florida document number <u>L21000087905</u>	Company were filed on	02/22/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company	here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," th	ne designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	<del></del>
(Principal office address MUST BE A STREET ADD	RESS)		
		_ <del></del>	<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:  Name of New Registered Agent:	ed office address on ou	r records, <u>enter the</u>	name of the new register
New Registered Office Address:	Enter	Florida street address	
		, Florid	a
_	City		Zip Code
New Registered Agent's Signature, if changing Register			• w
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered of heing filed to merely reflect a change in the register company has been notified in writing of this change	complete performance agent as provided for t red office address, I he	of my duties, and I in Chapter 605, F.S.	am familiar with and Or, if this dòcument is
			<b>(3</b> 7)
	<del></del>		<u> </u>
	If Changing Registered	Agent, Signature of No	w 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>	Address	Type of Action
MGR	NEUMAN, RONIT	10295 COLLINS AVENUE, 2ND FLOOR	□ Add
		BAL HARBOUR, FL 33154	⊠Rumove
			□Change
MGR	BEN-JOSEF, RONEN	10295 COLLINS AVENUE, 2ND FLOOR	<b>K</b> JAdd
		BAL HARBOUR, FL 33154	□Remove
			Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

, II amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
Effective (If an effecti Note: If documen	date, if other than the date of filing:
the record s cord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	March 14, 2021
	$\ell \sim \sim$
	Signature of a member or authorized representative of a member
	Javier Granda
	Typed or printed name of signee

Filing Fee: \$25.00