

11/23/21, 2:45 PM

Division of Corporations

**L21000106232**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H21000431980 3)))



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To:

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

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

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

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 NOV 23 AM 10:47

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SOCIETE REAL ESTATE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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NOV 24 2021

S. PRATHER

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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(((H21000431980 3)))

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOCIETE REAL ESTATE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2021 NOV 23 AM 10:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/12/2021 and assigned  
Florida document number L21000106232

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:

1815 Purdy Ave, Miami, FL 33139

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1815 Purdy Ave, Miami, FL 33139

(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:

1815 Purdy Ave

*Enter Florida street address*

Miami

*City*

Florida 33139

*Zip Code*

**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, enter the title, name, and address of each person being added or removed from our records:

**AMBR = Authorized Member**

[illegible]

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

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

SARA WILLIAMS

Signature of a member or authorized representative of a member

SARAH WILLIAMS

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 NOV 23 AM 10:47

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 三、  
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**Filing Fee: \$25.00**