# L22000042541

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only

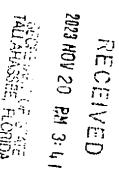


100419163871

LLC Amend



A. RAMSEY NOV 212023



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

OBIESKI ENT	ERPRISES LLC	
_		
lease Debit FCA	0000000003 For: <sup>25</sup>	
Thank you Seth N	Neeley	
1400	· · ·	Sa esta, Fil.
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Pinoto Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
,		Officer Search
1		Fictitious Search
		Fictitious Owner Search
Signature		Vehicle Search
	<del></del>	Driving Record
Requested by:		UCC 1 or 3 File
		UCC 11 Search
Name	Date Ti	ucc II Retrieval
Walk-In	Will Pick Up	Courier

#### COVER LETTER

Registration Section Division of Corporations TO:

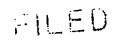
#### SOBIESKI ENTERPRISES LLC

SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Eric Gros-Dubois, Esq.		
	EPGD Attorney's at Law, P	Name of Person	
	777 SW 37 Ave. Ste 510	Firm/Company	
	<del></del>	Address	
	Miami, FL 33135		
	eric@epgdlaw.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please co	ıll:	
Eric Gros-Dubois, Esq.		786 837-6787	
		at () Area Code Daytime	· <del></del>
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing 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 Address: 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



SOBIESKI ENTERPRISES LLC

2023 NOV 20 PH 12 29

( <u>Name of the Limited Lia</u> (À Flo	bility Compa orida Limited	iny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liabilit Florida document number	y Company 	were filed on	and assigned	
This amendment is submitted to amend the following	<u>;</u> ;			
A. If amending name, enter the new name of the l	imited liab	ility company here:		
The new name must be distinguishable and contain the words "	Limited Liabi	fity Company," the designatio	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		777 SW 37 AVE.		
		STE 510		
		MIAMI, FL 33135		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		777 SW 37 AVE.		
		STE 510		
		MIAMI, FL 33135	***************************************	
3. If amending the registered agent and/or registered agent and/or the new registered office address her  Name of New Registered Agent:  EPO	<u>e</u> :	address on our records, s at Law, P.A.	enter the name of the new registe	
	777 SW 37 AVE. STE 510			
New Registered Office Address:	Enter Florida street address			
Mis	ami	Line I to the sirees	, Florida 33135	
_		City	Zip Code	

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>.</u>			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			\ \toAdd
			□Remove
			□Remove
			□ Change

***				
	<del></del> .			
		•		<del></del>
			· · ·	
Affective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the D	it be specific and cannot be prio ock does not meet the appli	cable statutory filing re		
record specifies a delayed effective	e date, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
d is filed.  November 17	2023			
d is filed.				
d is filed.  November 17  Dated		·		
d is filed.  November 17  Dated		norized representative of a	ı member	

Filing Fee: \$25.00