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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FANJUL ENTERPRISES LLC

Account Number : I20190000080 Phone : (305)603-8791 Fax Number : (877)503-6086

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

Email Address:_______

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SOBE CS LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Help

OCT 1 3 2022

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SOBE CS LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000337642</u>	were filed on 08/01/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	he abbreviation 2.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		P H 12:
(Mailing address MAY BE A POST OFFICE BOX)		06
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:	·	
New Registered Office Address:		
Town registrone of the state of	Enter Florida street address	
	, Florid	a
- 1	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

From: Robert Fanjul

Fax: 18775036086

To:

Fax: (850) 617-6383

Page: 3 of 4

10/12/2022 8:13 AM

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	ONEL LOPEZ	1300 COLLINS AVE SUITE BAY A	□Add
		MIAMI BEACH, FL 33139	■Remove
			Change
			□Add
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Effective date	, if other than th	ne date of filing	2:		(optional)	
If an effective dat	e is listed, the date m	ust be specific and	cannot be prior t	o date of filing or	more than 90 days	after filing) Pursuat	nt to 605.0207 i
NI A LEAL L	ective date on the	Department of S	itate's records.	ore statutory in	mg requirement	s, this date will ho	De listed as
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Note: If the da		ive date, but not	an effective tir	ne, at 12:01 a.m	i, on the earlier o	of: (b) The 90th of	lay after the
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Note: If the da document's eff me record specified is filed.		Signature of a	Barrel		ve of a member		

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