## L21000230443

(Requ	iestor's Name)	
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## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations					
Sol Develo	ppers LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Alexander Kruger-Dobrota	ı				
		Name of Person		•-		
	Sol Developers LLC			: •	2021 JUN -2	
		Firm/Company		-		- #4
	1717 N Bayshore Dr A-19	48		· ·	-2	FILED
		Address			ΑM	Ö
	Miami, Fl 33132				AM 9: 43	
		City/State and Zip Code		- :• '	w	
	milena@soldevelop.com					
	E-mail address: ()	to be used for future annual report notif	ication)			
For further information c	concerning this matter, please ca	ıll:				
Alexander Kruger-Dobr	ota	305 570-8896				
Name (	of Person		Telephone Numbe	r		
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ne of Stat	us &	
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Forporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 8	310		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sol Developers LLC			
( <u>Name of the Limited Liabil</u> (A Florid	ity Compan a Limited Li	y as it now appears on our record ability Company)	<u>s.</u> }
The Articles of Organization for this Limited Liability C	Company v	vere filed on 05/18/2021	and assigned
Florida document number L211000230443	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liabil	ity company here:	
The new name must be distinguishable and contain the words "Lin	wiesd Lishillie		Washankkaninin W. I. C.
-	писа глаоти	1717 N Bayshore Dr. A-1948	or the abbreviation 12,12,C.
Enter new principal offices address, if applicable:		Miami, FL 33132	
Principal office address MUST BE A STREET ADDI	<u>RESS)</u>	Main, 17, 55152	
Enter new mailing address, if applicable:		1717 N Bayshore Dr. A-1948	2 A
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33132	va
			5. 5.
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		idress on our records, <u>enter</u>	the name of the new regist
igent and/or the new registered office address here.			
Name of New Registered Agent:			<del>-</del>
New Registered Office Address: 1717	N Bayshor	e Dr. A-1948	
		Enter Florida street addres	7.2
Mian	ni	, Flo	orida <u>33132</u>
		City	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.

Alex Kruger Dobrota

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
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			□Change
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