L05000053229

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SECRETARY OF STATE DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

	istration Section sion of Corporations			
SUBJECT:	Sole 1804 Unit, LLC		<u> </u>	. je k <u>aril</u> Suki
	io amarij	Limited Liability Company)		
The enclosed	Articles of Amendment and fee(s) are	submitted for filing.		
Please returi	all correspondence concerning this mat	ter to the following:	^	
	Ricardo L. Carmona		, , ,	الله الله الله الله الله الله الله الله
		(Name of Person)		
	Ricardo L. Carmona, PA	(Firm/Company)	Linux ya	g jagen en gelegen en g En gelegen en gelege
	2800 Ponce De Leon Blvd. Suite 11			
		(Address)		,
	Coral Gables, FL 33134	ity/State and Zip Code)		<u>.</u> /
For further i	formation concerning this matter, pleas	· · · · · · · · · · · · · · · · · · ·		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ric	(Name of Person)	at (305) 447-384 (Area Code & Daytime	10 Tel. 305-447-3787 F Telephone Number)	
Enclosed is a	check for the following amount:			. -
□ \$25.00 Fit	ng Fee S \$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)	,

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sole 1804 Unit, LLC

-	(Present Name) (A Florida Limited Liability Company)			
FIRST:	The Articles of Organization were filed on May 27, 2005 and assigned document number L05000053229			-
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by liability company:	the limite	d	
1. Change the prin	cipal address to : 247 SW 8th Street, #359, Miami, FL 33130.	-		
2. Change the mai	ling address to: 247 SW 8th Street, #359, Miami, FL 33130.		, ···	
	ıst 18 2005	05 AUG 22 PM 3: 14	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
Dated Aug	Signature of a member or authorized representative of a member		Service of the servic	
	Typed or printed name of signee	<u>_;;</u>	e e e e e e e e e e e e e e e e e e e	* ÷.

Filing Fee: \$25.00