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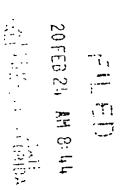
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COVER LETTER

TO:

Registration Section Division of Corporations

Solaris SUBJECT:	Invest Realty LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Article	s of Amendment and fee(s) are st	bmitted for filing.	
Please return all corr	espondence concerning this matte	er to the following:	
	Ivonea Moura		
	Name of Person Solaris Invest Realty LLC		
	Solaris Invest Realty LL	Name of Limited Liability Company mendment and fee(s) are submitted for filing. lence concerning this matter to the following: Ivonea Moura	
		Firm/Company	
	Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. bondence concerning this matter to the following: Ivonea Moura		
		Address	
	Miami Florida 33129		
	_	City/State and Zip Code	
	E-mail address:	(to be used for future annual report no	otification)
For further informati	on concerning this matter, please	call:	
Ivonea Moura			
Na	me of Person	Area Code Dayti	me Telephone Number
Enclosed is a check t	or the following amount:		
S25.00 Filing Fe		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Ad</u> Registrati			ection
			<u>-</u> '
P.O. Box Tallahassa	6327 ee, FL 32314		Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solaris Invest Realty LLC	and the second s	······································	
(Same of the Limited Chapting Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 119A00003443	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		0 	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		i f	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	name of the new register	
New Registered Office Address:	• • • • • • • • • • • • • • • • • • • •		
	Enter Florida street address		
	, Florida		
	Ciţv	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agi provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and I	am familiar with and	

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>	Address	Type of Action
MGR	Delmo C. Moura	2127 Brickell Avenue # 2302 Miami FL 33129	🗏 Add
			□Change
AMBR	Bianca Moura	2127 Brickell Avenue # 2302 Miami FL 33129	□Add
			□Remove
			≡ Change
			□Add
			© □Remove O □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			□Change
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ote: If the date inserted in this block does not meet the applical	ble statutory filing re	equirements, this	date will n	ot be lis	sted a
ocument's effective date on the Department of State's records.					
record specifies a delayed effective date, but not an effective tin	ne, at 12:01 a.m. on	the earlier of; (b)	The 90th	ı day aft	ter th
is filed.					
February 192020					
ated February 19					
ated February 19 2020 Signature of a member or author	rized representative of	a member			

Filing Fee: \$25.00