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COVER LETTER

Division of Co	rporations		
A	PRIME, LLC		
, obstati.	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RAUL G PEREZ		
	- -	Name of Person	
		Firm/Company	<u> </u>
	7700 N KENDALL DR ST	TE 508A	
		Address	
	MIAMI, FL 33156		
		City/State and Zip Code	
	COR@raulandassoc.com		
For further information a	E-mail address: (concerning this matter, please c	to be used for future annual report notificat	ion)
RAUL G PEREZ	this matter, preuse of	305 9861208	
Name (of Person	at ()	lephone Number
, while t		Area Code Paymine re	reprode Number
Enclosed is a check for t	the 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 Addre		Street Address:	
Registration		Registration Section	on

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

TO:

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

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SEEKING PRIME, LLC

(Name of the Limited Liability.Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SOLE RESIDENTIAL REAL ESTATE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered Office address here: Name of New Registered Agent: New Registered Office Address: 7700 N KENDALL DR STE 508A Enter Florida street address MIAMI Florida Tip Code New Registered Agent's Signature, if changing Registered Agent:	Florida document number 1.19000150022	Liability Company were filed on Jur	<u> </u>
A. If amending name, enter the new name of the limited liability company here: SOLE RESIDENTIAL REAL ESTATE. LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new reagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 7700 N KENDALL DR STE 508A Enter Florida street address MIAMI Florida 33156 Zap Code		allowing.	
SOLE RESIDENTIAL REAL ESTATE, LLC The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new reagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 7700 N KENDALL DR STE 508A Enter Florida street address MIAMI Florida Florida 33156 Zip Code			
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New Registered Office Address: Triangle Triangle	B. If amending the registered agent and/or	registered office address on our re	ecords, enter the name of the new registere
New Registered Office Address: Triangle Triangle	B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our re	ecords, enter the name of the new registere
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City Zip Code	agent and/or the new registered office addr Name of New Registered Agent:	registered office address on our recess here: 7700 N KENDALL DR STE 508A	Λ
New Registered Agent's Signature, if changing Registered Agent:	agent and/or the new registered office addr Name of New Registered Agent:	registered office address on our recess here: 7700 N KENDALL DR STE 508A Enter Flore	ida street address
	agent and/or the new registered office addr Name of New Registered Agent:	registered office address on our recess here: 7700 N KENDALL DR STE 508A Enter Flore MIAMI	ida street address , Florida ³³¹⁵⁶
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply v	agent and/or the new registered office addr Name of New Registered Agent: New Registered Office Address:	registered office address on our recess here: 7700 N KENDALL DR STE 508A Enter Flore MIAMI City	ida street address , Florida ³³¹⁵⁶
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a	agent and/or the new registered office addr Name of New Registered Agent: New Registered Office Address: New Registered Signature, if changing	registered office address on our recess here: 7700 N KENDALL DR STE 508A Enter Flore MIAMI City Registered Agent:	ida street address Florida 33156 Zip Code
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability	Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Office Address:	7700 N KENDALL DR STE 508A Enter Flore MIAMI City Registered Agent: red agent and agree to act in this coper and complete performance of	A ida street address , Florida 33156 Zip Code vapacity. I further agree to comply with the my duties, and I am familiar with and

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
			□Add
			□Remove
			☐ Change
			□Add
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Effective date, if oth	ter than the date of filing:d, the date must be specific and cannot be prio	r to date of filing or more than 90	(optional) days after filing.) Pi	irsuant to 605.0
Note: If the date inser	rted in this block does not meet the applicate on the Department of State's records	cable statutory filing requirem	ents, this date wi	I not be listed
e record specifies a del rd is filed.	ayed effective date, but not an effective t	ime, at 12:01 a.m. on the earl	ier of: (b) The 9	0th day after t
Dated JULY 29	2022			
		·		

Typed or printed name of signee