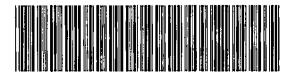
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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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12/11/20

COVER LETTER

	istration Section sion of Corporatio	ns			
CHRICEE	SOLI SOL PROPE	RTIES LLC			
SUBJECT:		Name of Limit	ed Liability Company	<u>.</u>	
The enclosed	Articles of Amenda	nent and fee(s) are subn	nitted for filing.		
Please return	all correspondence	concerning this matter to	o the following:		
	SHZ	ARON			
	<u> </u>		Name of Person		·
	SOI	.I SOL PROPERTIES I	LC		
			Firm/Company		
	173	01 BISCAYNE BLVDA	APT #1203		
	_	-	Address		
	AV	ENTURA, FL 33160			
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
		E-mail address: (to	be used for future annual (report notification	on)
For further in	nformation concerni	ng this matter, please ca			
Sharon			305 305 at ()	5-487-8851	
	Name of Person		Area Code	Daytime Tele	phone Number
Enclosed is a	check for the follow	ving amount:			
■ \$25.00 F		30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.C	iling Address: gistration Section vision of Corpora D. Box 6327 lahassee, FL 323	tions	Division The Cer 2415 N.	ntion Section n of Corpora ntre of Talla	itions hassee reet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLI SOL PROPERTIES LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability $\frac{1}{10000000000000000000000000000000000$	Company were filed on <u>08/08/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
		20
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" o	or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
		= =
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	City	ida

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.

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>	Name	Address	Type of Action
mgr	Danieł Zeevi	17301 BISCAYNE BLVDAPT #1203	= Add
		AVENTURA, FL 33160	Remove
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			□ Remarce
			Remarchant AH II: 56
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`an efl <u>{ote:</u>	ive date, if other than the date of fective date is listed, the date must be specif. If the date inserted in this block does nent's effective date on the Departmen	fic and cannot be prior to not meet the applica	o date of filing or more ble statutory filing re	(optional) than 90 days after filing equirements, this date	.) Pursuant to 605.0207 (
recor d is fi	rd specifies a delayed effective date, bulled.	ut no an effective tin	ne, at 12:01 a.m. on	the earlier of: (b) T	he 90th day after the
ated	10/19/2020	·	<u>-</u> ·		
_ `~	· / / ///				
_	Signature	of a member or author	rized representative of	a member	

Filing Fee: \$25.00