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2022 JULI 3 1/110: 09

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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: Solid Oaks	Apartments LLC			
SOBJECT.		ited Liability Company		
	Amendment and fee(s) are sub			
	Alfredo Borges			
		Name of Person	,	
	Solid Oaks Apartments L1	.C		
		Firm/Company		
	2137 NW 2nd Avenue			
		Address		
	Miami Florida 33127			
	-	City/State and Zip Code		
	jkarlik@g1ig.com			
		to be used for future annual report no	tification)	
For further information c	oncerning this matter, please co	all:		
Jonathan Karlik		at (516) 658 8117		
Name o	f Person	at (516) 658 8117 Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he 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 Addres		Street Address:		
Registration :			Registration Section	
Division of Corporations		Division of Co	orporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUN 13 AM 10: 09

Solid Oaks Apartments LLC

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

The Articles of Organization for this Limited Liability Corr Florida document number $\frac{1.19000252417}{1.19000252417}$.	npany were filed on 10/7/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ffice address on our records,	
	Enter Florida street	address
		, Florida Zip Code
Now Desistand Apant's Signature if changing Pagistanud A	·	лр Соае
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered ager being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this capacity plete performance of my duti nt as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
ï	If Changing Registered Agent, Signs	ature 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	Rafael	Cedeno	2137 NW 2nd Avenue, Miami Florida 33127	≣ ∧dd
				□Remove
				□Change
				□Add
				□Remove
				□Change
			□Add	
				□Remove
			□ Change	
	-100			□Add
				□Remove
				□ Change
			[] \[\] \[\] \[\] \[\]	
			□ Remove	
				Change
				🗀 Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
(If an e Note	tive date, if other than the date of filing:
the receivered is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	June 8 . 2022
	Signature of a member or authorized representative of a member
	Alfredo Borges Typed or printed name of signee

Filing Fee: \$25.00