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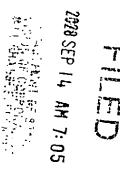
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COVER LETTER

	gistration Se vision of Cor				
	Soleil Real	Estate LLC		₽ ₹	•
SUBJECT:			•	and the second	
	<i>*</i>	Name of Lim	ited Liability Company		•
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
			-		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		Andria O'nion			
			Name of Person		
		Soleil Real Estate			
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		12927 Bellerive Drive			
		-	Address		
		Clermont, Florida 34711			
		Ciermone, Florida 54711			
		andria Clattara arres	City/State and Zip Code		
		andria@alteop.com	to be used for future annual	report notifi	(alim)
For further	information c	oncerning this matter, please c		rejone mani	
		g			
Andria O'nion			317 507-4742 at ()		
	Name o	i Person	Area Code	Daytime	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 of Certified Copy (additional copy is enc		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
M	ailing Addres	ss:	Street Ag	ddress:	
Re	egistration (Section	· · · · · · · · · · · · · · · · · · ·	ation Sec	tion
		lorporations -		n of Corp	
	O. Box 632				illahassee
1 3	allahassee, l	rL 52514	2415 N	. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(E)

Soleil Real Estate LLC		- E
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our rords Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabilit	y Company were filed on January 27th	2020 and assigned
Florida document number 1.20000046719		
This amendment is submitted to amend the following	y:	1:06
A. If amending name, enter the new name of the l	limited 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:		
(Principal office address MUST BE A STREET AD	DRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
D. If any adding the second second second	1 66 11	641
B. If amending the registered agent and/or registe agent and/or the new registered office address her		nter the name of the new registered
•	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	oddress
		Florida
_	City	Zip Code

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>	<u>Name</u>	Address	Type of Action
AMBR	Celine Delporte	1208 Lakeshore Drive	
		Clermont, FL 34711	■ Remove
			☐ Change
AMBR	Celine Pierloot	1208 Lakeshore Drive	≣ Add
		Clermont, FL 34711	□Remove
		·	□Change
			□Add
			□Remove
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fective date, if other than the	date of filing:		(optional)	
n effective date is listed, the date must ote: If the date inserted in this blo				
cument's effective date on the De	partment of State's records.			
ecord specifies a delayed effective	date, but not an effective tim-	e, at 12:01 a.m. on the	earlier of: (b) The 90th c	lay after the
is filed.			·	•
September 11	2020			
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	Mndruch ()	hen		
	Signature of a member or authori		ember	
	Mark 1	- Onion		