L22000178165

(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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COVER LETTER

TO:		stration Section of Corpo				
SUBJEC		SOLE OCEA	N 1507 LLC			
SUBJEC	~ I		Name of Lim	ited Liability Company		August of parties of the second of the secon
The encl	osed .	Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please re	etum :	all correspond	ence concerning this matter	to the following:		
			Daniela Ceramella			
				Name of Person		
			Name of Limited Liability Company The need and feets) are submitted for filing. The need concerning this matter to the following: Daniela Ceramella Name of Person Firm/Company 18246 Collins Ave Address Sunny Isles, FL33160 City/State and Zip Code daniela@optimar.com			
			C L. [Address		
			Sunny Isles, P1.55100	City/State and Zip Code		
			daniela@optimar.com	,	\sim	_
For furth	ner inf	ormation con		•	2 850	
Daniela					3	되. 당.
		Name of P		Area Code Daytime Teleph	ione Number	1. (). 2. (). 2. ().
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■ \$25.	.00 Fi	ling Fee		Certified Copy	Certificate of Status & Certified Copy	

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

Street Address: 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

SOLE OCEAN 1507 LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records. ed Liability Company))
The Articles of Organization for this Limited Liability Compa	iny were filed on <u>04/13/2022</u>	and assigned
Florida document number L22000178165		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited b	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		22 5
		<u> </u>
nter new mailing address, if applicable:		``` ≥
Mailing address MAY BE A POST OFFICE BOX)		= 50
Hunning address MATT NEAT COST CITTLE BOOK		£ 8
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	ne name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	Zıp 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
MBR	MARIA NOEL STRADA	17315 COLLINS Ave 1507, SUNNY ISLES FL3316	0 ≘ Add
			_ □Remove
			_ Change
MBR	NICANOR GOMEZ INGARAMO	17315 COLLINS Ave 1507, SUNNY ISLES FL3316	0 _ ≡ Add
			_ □Remove \
			_ ⊟ Change ≥ 7
MBR	MIREN GOMEZ INGARAMO	17315 COLLINS Ave 1507, SUNNY ISLES FL3316	
			□ Restiove = 1.1
			_ 🗆 Change
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fective date, if other than the date of filing in effective date is listed, the date must be specific and ote: If the date inserted in this block does not recument's effective date on the Department of S	neet the applicab	date of filing or notes that the statutory filing	(opt nore than 90 days afte g requirements, th	ional) er filing.) Pursuant to 0 is date will not be l	605,020 listed a
ecord specifies a delayed effective date, but not is filed.	t an effective tim	e, at 12:01 a.m.	on the earlier of: (b) The 90th day a	fter the
ted SEPTEMBER 7TH	. 2022		14		
Signature of a	member or author	zed representativ	of a member		
5-g					

Filing Fee: \$25.00