

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : THE SCHIFFMAN LAW GROUP, P.A.

Account Number : 120000000100 Phone : (305)682-1328 Fax Number : (305)682-0063

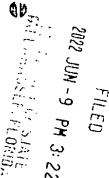
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOLEMAR 1501, LLC

Certificate of Status

Certified Copy	0
Page Count	03
Estimated Charge	\$25.00



T. LEMIEUX Help JUN 13 2022 To: 13056820063 From: anchymous Date: 06/08/22 Time: 11:30 FM Page: 01 850-617-6381 6/8/2022 7:30:15 PM PAGE 1/001 Fax Server

June 8, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SOLEMAR 1501, LLC 1861 W. OAK HAVEN CIRCLE MIAMI, FL 33179

SUBJECT: SOLEMAR 1501, LLC

REF: L22000250087

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY FAX Aud. #: E22000199820

Regulatory Specialist II Supervisor Letter Number: 522A00012874

Registration Section

To: 18506176383 From: 13056820063 Date: 06/09/22 Time: 5:43 PM Page: 03/06

## **COVER LETTER**

TO: Registration Se Division of Cor			
SOLEMAR	1501, LLC		
SUBJECT:	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ADAM R. SCHIFFMAN,	ESQUIRE	
		Name of Person	
	THE SCHIFFMAN LAW	GROUP, P.A.	
		Firm/Company	
	2875 NE 191 STREET, SU	JITE 500	
		Address	
	AVENTURA, FLORIDA	33180	
		City/State and Zip Code	
	ADAM@REALATTY.NET		···
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report no all:	ntikation)
ADAM R. SCHIFFMAN	•	786 200-1328	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	Section
Division of C		Division of C	orporations
P.O. Box 632		The Centre of	Tallahassee roe Street, Suite 810
Tallahassec,	FL 32314	2415 N. Moni	oc street, suite att

Tallahassee, FL 32303

To: 18506176383 From: 13056820063 Date: 06/09/22 Time: 5:43 PM Page: 04/06

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLEMAR 1501, LLC		
(Name of the Limited L (A F	lability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L22000250087	ity Company were filed on MAY 31, 2022	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	observiation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or regis	stered office address on our records, <u>enter the nan</u> ere:	ne of the new registere
Name of New Registered Agent:		19
New Registered Office Address:	Enter Florida street address	E A A A A A A A A A A A A A A A A A A A
<u>-</u>	, Florida	Zip CodeW
	City	Zip Coulew

## 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

·To: 18306176383 From: 13056820063 Date: 06/09/22 Time: 5:43 PM Page: 05/06

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
AMBR	STEPHEN ARDIZZONE	7 BUTTONWOOD ROAD	
		STATEN ISLAND, NY 10304	Remove
			[∃Change
		·*····································	□Add
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Mective date, if other than an effective date is listed, the date lote: If the date inserted in thi ocument's effective date on th	i block does not me	ect the applicabl	date of filing or modele statutory filing	(opti re than 90 days afte requirements, th	lonal) or filing.) Pursuant to G is date will not be I	605.0207 isted as
record specifies a delayed effe is filed.	ctive date, but not a	an effective time	s, at 12:01 a.m. o	n the earlier of: (	b) The 90th day a	fter the
JUNE 8	_	2022				
121 (151)	- Oocusioned	d by:	•			
vared						
ated	Nov	in	zed representative o	of a member		

Filing Fee: \$25.00