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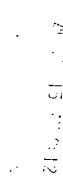
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:		tration Section of Corp				
cup ica		SOLARIZER	RLLC			
SUBJEC	L1: _	<u> </u>	Name of Lin	aited Liability Company	_	
The encl	losed A	Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please re	eturn a	ll correspond	dence concerning this matter	to the following:		
			EITHAN FINCHELTUB			
				Name of Person		
			SOLARIZER LLC			
			·	Firm/Company		
			19790 WEST DIXIE HIG	HWAY SUITE 305	ţ;	500
			-	Address	_	٠.
			AVENTURA,, FL 33180			<u>_</u> 1
				City/State and Zip Code	—	•
			isaga.realtor@gmail.com	to be used for future annual report notification)	_	,
For furth	wr infi	armation cor	ncerning this matter, please c	·		. 19
			rectining this matter, prease c			
EITHA:	N FIN	CHELTUB		786 2804545		
		Name of F	Person	Area Code Daytime Telephone Nun	iber	
Enclosed	l is a c	heck for the	following amount:			
≅ \$25.	00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certif	icate of ied Cop	Status &
(Regi Divi P.O.	ng Address: stration Se sion of Co Box 6327 hassee, FI	rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, Fl. 32303	e 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLARIZER LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 09/14/2022	and assigned
lorida document number L22000402128		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" of	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>
Principal office address MUST BE A STREET ADDRESS)		
		<u></u> نگ
Enter new mailing address, if applicable:		Ci .
Mailing address MAY BE A POST OFFICE BOX)		F:
		:5
		10
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new regis
Name of New Registered Agent:	.	
New Registered Office Address:		
	Enter Florida street address	
	Floric	
	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 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	CHOCRON LEVY, ISAAC	19790 WEST DIXIE HIGHWAY	
		SUITE 305	■Remove
		AVENTURA,, FL 33180	□Change
			□ Add
			□Remove
			□Change
		- 	□Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing of ote: If the date inserted in this block does not meet the applicable statutory frocument's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605,020
record specifies a delayed effective date, but not an effective time, at 12:01 a.i is filed.	
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ned August 11" . 2023.	
Eithon Fincheltub Signature of a member or authorized representation	itive of a member