L23000535969

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	-
(Ci	ity/State/Zip/Phone	e #)
_		_
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Eiling Officer	
Opecial mandedona to	Tilling Officer.	

Office Use Only



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I-CC Amena



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A. RAMSEY NEC. 18, 2024 FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

Please use funds from the account 120 Authorization Signature fauture Sara De Soto, LLC L23000538 Business #Doce	<u>~</u>
Walk in	Will wait
Certified Copies of the Articles of Certificate of Status	of Incorporation –
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>
Profit Not for Profit LLC Domestication INC CORP OTHER	X AmendmentResignation of R.AChange of Registered AgentDissolution/WithdrawalConversionStatement of AuthorityMerger Amended and Restated Articles
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign Filing Partnership
Fictitious Name	Reinstatement CORRECTION for a LLC
Statement of Authority	Domestication of a Foreign Corp.
APOSTIL COUNTRY	Other
EXAMINER'S INITIALS:	

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
SARA DE	SOTO, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	·
	Amanda G. Nordelo		
		Name of Person	
	Name of Person Jonathan H. Green & Associates, P.A. Firms*Company 901 Ponce De Leon Blvd Address Coral Gables, FL 33134 City/State and Zip Code E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: delo Name of Person Area Code Daytime Telephone Number eck for the following amount: g Fee Source of Status Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) ZAddress: ration Section on of Corporations Division of Corporations Division of Corporations The Centre of Tallahassee		
	901 Ponce De Leon Blvd		
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
Amanda G. Nordelo		at (
Name o	f Person	Area Code Daytiπ	ne Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S			ection
Division of C	'orporations	Division of Co	rporations
P.O. Box 632			
Tallahassee, l	rl 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED DEADEC 17 AMIL: 17

SARA DE SOTO, LLC

company has been notified in writing of this change.

(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 Company	were filed on	12/04/2023	and assigned
Florida document number L23000535969			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company	y here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," t	he designation "LLC" or t	he abbreviation "L.IC."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
IMALING Address MAT BE A TOST OFFICE BOX		·	
	•		
B. If amending the registered agent and/or registered office a	ıddress on ou	ir records, enter the	name of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street address	
		121 : 1	
	City	, Fioria:	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr		his canacity I furthe	r garee to comply with the
provisions of all statutes relative to the proper and complete	performance	e of my duties, and I	am familiar with and
accept the obligations of my position as registered agent as p	provided for i	in Chapter 605, F.S.	Or, if this document is
being filed to merely reflect a change in the registered office	address, I he	ereby confirm that th	e limited liability

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
MGR	Sun Foundation, Inc.	382 NE 191st Street	= Add
		Suite 31904	□Remove
		Miami, FL 33179	□Change
MBR	Sun Foundation, Inc.	382 NE 191st Street	■Add
	-	Suite 31904	□D
		Miami, FL 33179	□ Change
MBR	Rich Global, LLC	228 Park Ave S	≣ Add
		Suite 31094	□Remove
		New York, NY 10003-1502	Change
MGR	Safehold, LLC	382 NE 191 St	□ Add
		Suite 31904	■Remove
		Miami, FL 33179	\ \ \ \ \
			□ Add
		<u></u>	□Remove
			□Change
	-		
			□Remove
			G Change

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Filing Fee: \$25.00