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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| SOL REALTY PARTNERS LLC | - - |
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COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

SOL REALTY PARTNERS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Abadi Name of Person Sol Realty Partners LLC Firm/Company 1160 Kane Concourse Suite 301 Address Bay Harbor Islands FL 33154 City/State and Zip Code Management@solequities.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Abadi Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SOL EQUITIES REALTY LLC

2024 MAR -5 AM 9: 37

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on 2/29/2024 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SOUREALTY PARTNERS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1160 KANE CONCOURSE SUITE 301 Enter new principal offices address, if applicable: BAY HARBOR ISLANDS, FL 33154 (Principal office address MUST BE A STREET ADDRESS) 1160 KANE CONCOURSE SUITE 301 Enter new mailing address, if applicable: BAY HARBOR ISLANDS, FL 33154 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our 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 .Florida __

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.

City

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

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Filing Fee: \$25.00