

# L24000136175

Florida Department of State  
Division of Corporations  
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((H24000199523 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH OF BOCA RATON  
Account Number : 076376001555  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**9851 SW 6TH STREET LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Fax Audit No. H24000199523 3

9851 SW 6TH STREET LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on March 22, 2024 and assigned  
Florida document number L24000136175

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1250 E. Hallandale Beach Blvd.

**(Principal office address MUST BE A STREET ADDRESS)**

# PH1

Hallandale, FL 33009

Enter new mailing address, if applicable:

1250 E. Hallandale Beach Blvd.

**(Mailing address MAY BE A POST OFFICE BOX)**

# PH1

Hallandale, FL 33009

**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*

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent**

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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>	<u>Address</u>	<u>Type of Action</u>
Manager	Solara STR Holdings II LLC	1250 E. Hallandale Beach Blvd.	<input checked="" type="checkbox"/> Add
		# PH1	<input type="checkbox"/> Remove
		Hallandale, FL 33009	<input type="checkbox"/> Change
Manager	Solara STR Holdings L.L.C.	201 Phipps Plaza, Suite 4	<input type="checkbox"/> Add
		Palm Beach, FL 33480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 6 2024

- Doc. Signed by:

Coleman Hands

Signature of a member or authorized representative of a member

## Coleman Hands

Typed or printed name of signee