

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

M170000522

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STATE OF FLORIDA  
TALLAHASSEE

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
5770 STIRLING ROAD LLC

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Corporate Filing Menu

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JUN 14 2019

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: 5770 STIRLING ROAD LLC

Enter new principal office address, if applicable:

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

Enter new mailing address, if applicable:

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

2. The Florida document number of this limited liability company is: M17000000522

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 01/19/2017

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
*(must contain "Limited Liability Company," "L.L.C.," or "LLC.")*

*(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")*

6. If amending the registered agent and/or registered officer 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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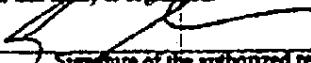
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/Capacity	Name	Address	Type of Action
MGRM	ZEVI KOHN	2071 FLATBUSH AVE STE 22	<input type="checkbox"/> Add
		BROOKLYN, NY 11234	<input checked="" type="checkbox"/> Remove
MGRM	ELIEZER SCHEINER	2071 FLATBUSH AVE STE 22	<input checked="" type="checkbox"/> Add
		BROOKLYN, NY 11234	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

**ELIEZER SCHEINER**

Typed or printed name of signer

Filing Fee: \$25.00