

F070000003891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

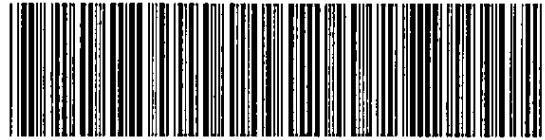
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/15/22--01029--009 \*\*52.50

FILED

2022 APR 15 AM 7:18

SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

JUN - 2 2022

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: 425 Broadway Realty Corporation  
DOCUMENT NUMBER: F07000003891

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TUNGALAG MALZ  
Name of Contact Person  
ALEDA CORP  
Firm/ Company  
574 WEST END AVENUE #91  
Address  
NY, NY 10024  
City/ State and Zip Code  
aledacorp@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tungalag Malz at ( 917 ) 250 7585  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|---|

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

425 Broadway Realty Corporation

2022 APR 15 AM 7:19

(Name of Corporation as currently filed with the Florida Dept. of State)

F07000003891

SECRETARY OF STATE  
TALLAHASSEE, FL

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Aleda Corp

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

574 WEA #91

NY NY 10024

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

574 West End Avenue

#91, NY NY 10024

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	CEO	Leo Malz	574 West End Avenue Apt #91, NY, NY 10024
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	CEO	Tungalag Malz	574 WEA #91 NY, NY 10024
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

**F. If amending or adding additional Articles, enter change(s) here:**

(Attach *additional sheets, if necessary*). (Be specific)

[illegible]

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: 2008, if other than the date this document was signed.

Effective date if applicable: 3/10/22  
(not more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_,"  
(voting group)

Dated 3/10/22

Signature Tung  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

TUNGALAG MALZ  
(Typed or printed name of person signing)

CEO  
(Title of person signing)

**STATE OF NEW YORK  
DEPARTMENT OF STATE**

I hereby certify that the annexed copy for ALEDA CORPORATION, File Number 080501000467 has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.

WITNESS my hand and official seal of the  
Department of State, at the City of Albany,  
on March 03, 2022.



*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State

080501000 467

New York State  
Department of State  
Division of Corporations, State Records  
and Uniform Commercial Code  
41 State Street  
Albany, NY 12231  
www.dos.state.ny.us

CERTIFICATE OF AMENDMENT  
OF THE  
CERTIFICATE OF INCORPORATION  
OF

425 BROADWAY REALTY CORPORATION  
(Insert Name of Domestic Corporation)

Under Section 805 of the Business Corporation Law

FIRST: The name of the corporation is: 425 BROADWAY REALTY CORPORATION.

If the name of the corporation has been changed, the name under which it was formed is: \_\_\_\_\_

SECOND: The date of filing of the certificate of incorporation with the Department of State is:  
April 9, 1946.

THIRD: The amendment effected by this certificate of amendment is as follows: (Set forth each amendment in a separate paragraph providing the subject matter and full text of each amended paragraph. For example, an amendment changing the name of the corporation would read as follows: Paragraph *First* of the Certificate of Incorporation relating to the corporation name is hereby amended to read as follows: *First: The name of the corporation is ... (new name) ...*)

Paragraph FIRST of the Certificate of Incorporation relating to the corporation  
name

is hereby amended to read in its entirety as follows: FIRST: The name of the  
corporation is ALEDA CORPORATION.

Paragraph FIFTH of the Certificate of Incorporation relating to service of  
process

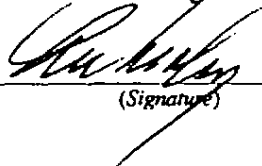


080501000 467

is hereby amended to read in its entirety as follows: The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The post office address to which the Secretary of State shall mail a copy of any process against the corporation served upon him is 574 West End Avenue, Apt. 2, New York, New York 10024.

FOURTH: The certificate of amendment was authorized by: [Check the appropriate box]

- ☐ The vote of the board of directors followed by a vote of a majority of all outstanding shares entitled to vote thereon at a meeting of shareholders.
- ☒ The vote of the board of directors followed by the unanimous written consent of the holders of all outstanding shares.

  
(Signature)

LEO MALZ  
(Name of Signer)

President and sole stockholder  
(Title of Signer)

RECEIVED  
2008 MAY -1 AM 11:45

CERTIFICATE OF AMENDMENT  
OF THE  
CERTIFICATE OF INCORPORATION  
OF

425 BROADWAY REALTY CORPORATION  
(Insert Name of Domestic Corporation)

STATE OF NEW YORK  
DEPARTMENT OF STATE  
FILED MAY 01 2008  
TAXS  
BY: ITC  
KINGS

Under Section 805 of the Business Corporation Law

Filer's Name LAW OFFICE OF SAREE R. PTAK

Address 350 Fifth Avenue - Suite 7720

City, State and Zip Code New York, New York 10118

NOTE: This form was prepared by the New York State Department of State. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all amendments be prepared under the guidance of an attorney. The certificate must be submitted with a \$60 filing fee, plus the required tax on shares pursuant to §180 of the Tax Law, if applicable.

For Office Use Only

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# THE CITY OF NEW YORK

## VITAL RECORDS CERTIFICATE

### DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

#### CERTIFICATE OF DEATH

Certificate No. 156-20-004807

NEW YORK CITY  
DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE  
Feb 03, 2020 02:12 PM

1. DECEDENT'S  
LEGAL NAME **LEO MALZ**  
(First, Middle, Last, Suffix)

Place of Death <b>Manhattan</b>	2a. New York City	2c. Type of Place	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility	2d. Any Hospice care in last 30 days	2e. Name of hospital or other facility (if not facility, street address)
	2b. Borough	1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Died on Arrival	5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	<b>Mount Sinai Beth Israel</b>
Date and Time of Death	3a. (Month) <b>February</b>	(Day) <b>03</b>	(Year yyyy) <b>2020</b>	3b. Time <b>4:05</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	4. Sex <b>Male</b>
5. Date last attended by a Physician				mm dd yyyy <b>02 02 2020</b>	
6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.					
Name of Medical Certifier <b>CARL-PHILIPPE ROUSSEAU</b>			Signature <i>Carl-Philippe Rousseau</i>		
(Type or Print)			License No. <b>289925</b>		
Address <b>First Avenue at 16th Streets New York, NY 10003</b>			Date <b>FEB-3-2020</b>		
7a. Usual Residence State	7b. County	7c. City or Town	7d. Street and Number	Apt. No.	ZIP Code
<b>New York</b>	<b>New York</b>	<b>New York</b>	<b>574 W End Ave</b>	<b>Apt 91</b>	<b>10024</b>
8. Date of Birth (Month) (Day) (Year yyyy)	9. Age at last birthday (years)		10. Social Security No.		
<b>November 20 1947</b>	<b>72</b>		<b>128-38-0168</b>		
11a. Usual Occupation (Type of work done during most of working life)		11b. Kind of business or industry		12. Aliases or AKA's	
<b>Attorney</b>		<b>Law</b>		<b>---</b>	
13. Birthplace (City & State or Foreign Country)		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death)			
<b>Germany</b>		<input type="checkbox"/> 8th grade or less; none <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEng, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.B., JD)			
15. Ever in U.S. Armed Forces?	16. Marital/Partnership Status at time of death		17. Surviving Spouse's/Partner's Name (prior to first marriage) (First, Middle, Last)		
1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify		<b>Tungalag Enkhtaiven</b>		
18. Father/Parent Name (Prior to first marriage) (First, Middle, Last)			19. Mother/Parent Name (Prior to first marriage) (First, Middle, Last)		
<b>David Malz</b>			<b>Manya Wasserman</b>		
20a. Informant's Name		20b. Relationship to Decedent		20c. Address (Street and Number Apt. No. City & State ZIP Code)	
<b>Tungalag Malz</b>		<b>Spouse</b>		<b>574 W End Ave Apt 91, New York, NY 10024</b>	
21a. Method of Disposition			21b. Place of Disposition (Name of cemetery, crematory, other place)		
1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify			<b>Riverside Cemetery</b>		
21c. Location of Disposition (City & State or Foreign Country)			21d. Date of Disposition		
<b>Saddle Brook, NJ</b>			mm dd yyyy <b>02 04 2020</b>		
22a. Funeral Establishment			22b. Address (Street and Number City & State ZIP Code)		
<b>Plaza Jewish Community Chapel</b>			<b>630 Amsterdam Ave New York, NY 10024</b>		

No Correction History

VR 15 (Rev. 6/20)

EVT20.00256155

Stephen Van Wye  
Grechen Van Wye, Ph.D., City Registrar as of 9/1/18

February 3, 2020

Steven P. Schwartz  
Steven P. Schwartz, Ph.D., City Registrar

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

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