

**L1700009005**

Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : SALVATORI LAW OFFICE, PLLC  
 Account Number : I20170000055  
 Phone : (239)308-9191  
 Fax Number : (239)552-4185

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ljs@salvatori.legal

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 1960 E WEST PKWY FLEMING LNT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

STATE OF FLORIDA  
 FILED  
 2022 MAR 18 PM 3:04

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

1960 E WEST PKWY FLEMING LNT LLC

(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 APRIL 28, 2017 and assigned Florida document number L17000095055

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:

(Principal office address MUST BE A STREET ADDRESS)

9 Loman Court  
Cresskill, NJ 07626

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9 Loman Court  
Cresskill, NJ 07626

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:

SALVATORI LAW OFFICE, PLLC

New Registered Office Address:

5150 TAMiami TRAIL NORTH, SUITE 304

*Enter Florida street address*

NAPLES Florida 34103  
City: 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 505, 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.*

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2022 MAR 18 PM 3:04  
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FLORIDA

If Changing Registered Agent, Signature of New Registered Agent

LEO J. SALVATORI

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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>
AMBR	36-02 35th Ave, Development L.L.C.	15-32 127th Street, 2nd Floor	<input type="checkbox"/> Add
		College Point, NY 11356	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Stergios Tallides	9 Loman Court	<input checked="" type="checkbox"/> Add
		Cresskill, NJ 07626	<input 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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