

L19000233695

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2020 JUN -9 PM 7:00

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O S'MAN

JUN 24 2020

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ABLB LLC  
\_\_\_\_\_  
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:

Leon Chernyavsky  
\_\_\_\_\_  
Name of Person

ABLB LLC  
\_\_\_\_\_  
Firm/Company

1086 Teaneck Road, 4D  
\_\_\_\_\_  
Address

Teaneck, NJ 07666  
\_\_\_\_\_  
City/State and Zip Code

leone@alleoncapital.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leon Chernyavsky                      201              340-6344  
\_\_\_\_\_  
Name of Person                      at (              )                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

2020 JUL -9 PM 7:01

ABLB 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 10/02/2018 and assigned  
Florida document number L18000233695.

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)**

**Enter new mailing address, if applicable:**

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

1086 Teaneck Road, 4D

Teaneck, NJ 07666

**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

*City*

*Zip Code*

**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**

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	BENJAMIN MALYAR	1945 S. Ocean Drive, #2206	<input type="checkbox"/> Add
		Hallandale Beach, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LEON CHERNYAVSKY	1086 TEANECK ROAD, 4D	<input type="checkbox"/> Add
		TEANECK, NJ 07666	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	BEN RUTKEVITZ	530 WEST 45TH STREET, 15D	<input type="checkbox"/> Add
		NEW YORK, NY 10036	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
1BR	DAVID PAULSSON	70 GREENE STREET, #509	<input checked="" type="checkbox"/> Add
		JERSEY CITY, NJ 07302	<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

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

2020 JUN -9 PM 7:01

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 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 date is filed.

Dated JUNE 4 2020

Signature of a member or authorized representative of a member

LEON CHERNYAVSKY

Typed or printed name of signee