

L19000213454

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H22000162019 3)))



H220001620193ABCX

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

From:
Account Name : FILE RIGHT LLC
Account Number : I20170000091
Phone : (718)878-5811
Fax Number : (718)732-4580

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHARMER VENTURES 5 LLC**

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

MAY -3 2022

M. SOLOMON

Fax Reference: H22000162019.3

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: CHARMER VENTURES 5 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:

Name of Person

FILE RIGHT LLC

Firm/Company

5314 16TH AVENUE, SUITE 139

Address

BROOKLYN, NY 11204

City/State and Zip Code

sales@fileacorp.com

E-mail address: (to be used for future annual report notification)

2022 MAY -4 PM 12:03

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For further information concerning this matter, please call:

Sara

718

878-5811

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee☐ \$30.00 Filing Fee &
Certificate of Status☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

Fax Reference: H22000162019.3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHARMER VENTURES 5 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 08/27/2019 and assigned
Florida document number L19000213454.

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:

3403 BEDFORD AVE

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

BROOKLYN, NY 11210

Enter new mailing address, if applicable:

3403 BEDFORD AVE

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

BROOKLYN, NY 11210

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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

Florida

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 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>
MGR	STEVE ROSENBERG	211 BLVD OF THE AMERICAS, SUITE 104	<input type="checkbox"/> Add
		LAKEWOOD, NJ 08701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAMI ESSES	3403 BEDFORD AVE	<input checked="" type="checkbox"/> Add
		BROOKLYN, NY 11210	<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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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE BUSINESS EMAIL ADDRESS SHOULD BE UPDATED TO: RAMIESSSES@GMAIL.COM

2022 MAY -4 PM 12:04

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 MARCH 3, 2022

/s/ MARK FUCHS

Signature of a member or authorized representative of a member

MARK FUCHS

Typed or printed name of signee