



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000030238 3))



H220000302383ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
 Account Name : FILE RIGHT LLC
 Account Number : 120170000091
 Phone : (718) 875-5611
 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: Sales@filecorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
26 ROTONDA WEST TULI LLC

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

2022 JAN 24 PM 12:31

22 JAN 24 PM 2:27

Fax Reference: 1122000030238 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

26 ROTONDA WEST TULI 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 10/27/2021 and assigned Florida document number L21000465506.

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 "L.L.C." 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)

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

Fax Reference: 1122000030238 3

Fax Reference: 1122000030238 3

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	26 REALTY ROTONDA WEST LLC	747 CHESTNUT RIDGE ROAD STE 202	<input checked="" type="checkbox"/> Add
		SPRING VALLEY, NY 10977	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YEDIDYA BLAU	20 DALE ROAD	<input type="checkbox"/> Add
		AIRMONT, NY 10952	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Fax Reference: 1122000030238 3

Fax Reference: 1122000030238 3

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

UNDER SECTION 605.0407(1) OF THE FLORIDA REVISED LIMITED LIABILITY ACT, THE COMPANY
SHALL BE MANAGER-MANAGED.

Multiple horizontal lines for additional text entry.

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 JANUARY 20, 2022

/s/ MARK FUCHS

Signature of a member or authorized representative of a member

MARK FUCHS

Typed or printed name of signee

Filing Fee: \$25.00