



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : FILE RIGHT LLC
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Email Address: Sales@filecorp.com

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

Certificate of Status	0
Certified Copy	0
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22 JAN 25 PM 3:17

850-617-6381

1/25/2022 10:46:47 AM PAGE 1/001 Fax Server



January 25, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

26 ROTONDA WEST MEIR LLC
747 CHESTNUT RIDGE ROAD STE 292
SPRING VALLEY, NY 10977

SUBJECT: 26 ROTONDA WEST MEIR LLC
REF: L21000465523

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Wrong fax audit cover sheet. This is an amendment filing not a new Florida filing.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

FAX Aud. #: H22000030215
Letter Number: 022A00001912

Fax Reference: 1122000031947 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 26 ROTONDA WEST MEIR 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)

For further information concerning this matter, please call:

Sara _____ at (718) _____ 878-5811
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)

MailingAddress:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

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

Fax Reference: H22000031947 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

26 ROTONDA WEST MEIR 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 L21000465523.

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)

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

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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: 1122000031947 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: 1122000031947.3

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 amending information.

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