

**L2100476879**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H22000030235ABCR

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

From:  
Account Name : FILE RIGHT LLC  
Account Number : 120170000091  
Phone : (718)873-5811  
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: Sales@filecorp.com

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

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

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### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 26 ROTONDA WEST SHILOIME 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 (\_\_\_\_\_) \_\_\_\_\_

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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

26 ROTONDA WEST SHLOIME 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 L21000476879.

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*

**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	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

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**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

Filing Fee: \$25.00

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