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.

(((H22000183675 3)))



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:

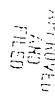
Account Name : FILE RIGHT LLC Account Number : I20170000091 : (718)878-5811 Fax Number : (718)732-4580

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 KOSHER HOMES 4996 COOPER CITY LLC

· MENNE (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	CARRY CRITICAL MARKET WARRY CONTRACTOR
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00



Fax Reference: 1122000183675-3

COVER LETTER

From: Mark Fuchs

TO:	Registration Sect Division of Corpo			
		MES 4996 COOPER CITY	LLC	
SUBJEC	TT:	Name of Limi	ited Liability Company	
		mendment and fee(s) are sub-		
Please re	eturn all correspond	dence concerning this matter	to the following:	
			Name of Person	
		FILE RIGHT LLC		
			Firm/Company	
		5314-16TH AVENUE, SU	ITE 139	
			Address	
		BROOKLYN, NY 11204		
			City/State and Zip Code	
		sales@fileacorp.com	to be used for future annual report notif	ication)
For furt	her information cor	neerning this matter, please co		, and the second
Sara			718 878-5811	
	Name of I	⁹ erson	at () Area Code Daytime	Telephone Number
Enclose	d is a check for the	following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	NA CONTRACTOR OF THE CONTRACTO		Stroot Addross:	

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: H22000183675-3

From: Mark Fuchs

Fax Reference: 1122000183675-3

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

KOSHER HOMES 4996 COOPER CITY LLC		
(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000184343</u>	were filed on 05/04/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "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 a agent and/or the new registered office address here:	address on our records, enter the nar	ne of the new registere
Name of New Registered Agent:		202
New Registered Office Address:	Enter Florida street address	2HLY 24
	Florida	Zip Code GO
New Registered Agent's Signature, if changing Registered Agent:	;	ည်း မြ
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and r, if this document is
TO Charles	naing Registered Agent, Signature of New R	egistered Agent

17187959036

From: Mark Fuchs

* Page: 4 of 5

Fax Reference: [122000183675.3] Hamending 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

Title	Name	Address	Type of Action
AMBR	WELLSPRINGS DIRECT LLC	10454 SW 54TH STREET	□Add
		COOPER CITY, FL 33328	Remove
AMBR	MENDL CHANIN	10454 SW 54TH STREET	= Add
		COOPER CITY, FL 33328	□Remove
			□Change
			□Add
			□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□Change
		<u> </u>	□Add
			Remove
			□ Change
			□Add
			Remove
			□Change

Fax Reference: 1122000183675-3

). If amending any other informa	ation, enter change(s) here: (Attach additional sheets, if necessary.)
	
Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the L	e date of filing:
the record specifies a delayed effective ord is filed	ve date, but not an effective time, at 12:01 a m. on the earlier of (h). The 90th day after the
Dated MAY 24	. 2022
	/s/ MARK FUCHS
	Signature of a member or authorized representative of a member
	MARK FUCHS
	Typed or printed name of signee