

L22000397-535

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H22000335825 3)))



H220003358253ABC/

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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
826 DIXIE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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2022 SEP 30 PM 3:52

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To:

Page: 3 of 6

2022-09-30 16:24:17 GMT

17187959036

From: Mark Fuchs

Tax reference H22000335825.3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 826 DINIE 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.

RACHEL

Name of Person

FILE RIGHT LLC

Firm/Company

5314 16TH AVENUE

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:

RACHEL

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

fax reference H220003358253

MGR = Manager
AMBR = Authorized Member

[illegible]

fax reference 1122000335825 3

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

[illegible]

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 SEPTEMBER 29 2022

/s/ Annon Chacham

Signature of a member or authorized representative of a member

AMNON CHACHAM

Typed or printed name of signee

fax reference H22000335825 3

Filing Fee: \$25.00