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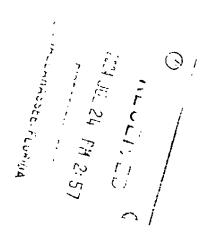
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07/24/24

## Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

### **ORDER FORM**

**TO** Florida Department of State

FROM Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 7/24/2024

**PRIORITY** Regular Approval

OUR REF #\_(Order,ID#) 1273251

**ORDER ENTITY** 

187 SOMERSET J LLC

# PLEASE PERFORM THE FOLLOWING SERVICES:

187 SOMERSET J LLC (FL)

File the attached amendment and provide a certified copy.

**NOTES:** 

\$55.00 Authorized

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, July 24, 2024 Page 1 of I

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

187 SOMERSET J LLC					
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)			
The Articles of Organization for this Limited Liability Company were filed on April 11, 2024					
Florida document number 1.24000166524					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbrev	riation "L.L.C."		
Enter new principal offices address, if applicable:	166 Hewes Street		7749 - 275 - 3		
Principal office address MUST BE A STREET ADDRESS)	Brooklyn, NY 11211	:			
		77.	(8)		
Enter new mailing address, if applicable:	166 Hewes Street	S CONTRACTOR	<b>3</b> 111		
Mailing address MAY BE A POST OFFICE BOX)	Brooklyn, NY 11211	TAI	<del></del> 0		
		<del></del>	ω ————		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>ent</u>	er the name o	f the new regi		
New Registered Office Address:					
	Enter Florida street add	lress			
		Florida	<del></del>		
	Citv		Zin 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 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>	Type of Action
MGR	Moris Schlager	6 Lipa Friedman Lane	□ Add
		Monroe, NY 10950	■Remove
			□Change
MGR	Simcha Friedman	166 Hewes Street	<b>≣</b> Add
		Brooklyn, NY 11211	□Remove
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ecord specifies a delayed effectiv is filed.	e date, but not an effectiv	e time, at 12:01	a.m. on the earlie	er of: (b) Th	e 90th c	lay after (
	2021					
ted July 19	. 2024	·				

Filing Fee: \$25.00