

L24000166521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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PLANT  
07/24/24

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
  
850.656.7953

**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

RECEIVED  
CLERK OF STATE  
TALLAHASSEE, FL  
JUL 24 AM 11:03

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

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.

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

187 SOMERSET J 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 April 11, 2024 and assigned Florida document number L24000166524.

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)

166 Hewes Street

Brooklyn, NY 11211

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

166 Hewes Street

Brooklyn, NY 11211

**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

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	Moris Schlager	6 Lipa Friedman Lane	<input type="checkbox"/> Add
		Monroe, NY 10950	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Simcha Friedman	166 Hewes Street	<input checked="" type="checkbox"/> Add
		Brooklyn, NY 11211	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2011  
 24  
 AM 11:03  
 HONOLULU STATE  
 ARCHIVES  
 HAWAII

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

Blank lined area for amending information.

2024 JUL 23 AM 11:03  
DEPARTMENT OF STATE  
TALLAHASSEE FL

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...

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 July 19 2024

/s/ Simcha Friedman

Signature of a member or authorized representative of a member

Simcha Friedman

Typed or printed name of signee