

L25000 271650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

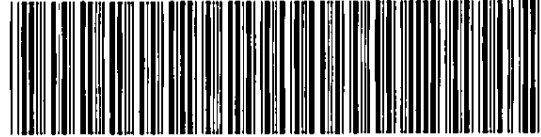
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JUN 27 2025

Office Use Only

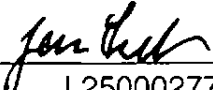


400448089684

FILED  
2025 JUN 26 AM 10:10  
RECEIVED  
2025 JUN 26 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from the account: 120210000160: \$25.00

Authorized Signature   
2036 26ST LLC L25000277650  
Business Name #Document

---

☐ Certified copy

☐ Certificate of Status

**NEW**

☐ Profit  
☐ Not for Profit  
☐ LLC  
☐ Domestication  
☐ INC  
☐ CORP  
☐ PLLC  
☐ GP

**AMENDMENTS**

☒ Amendment  
☐ Resignation of Member/MGR  
☐ Statement of change of Registered  
☐ Revocation of Dissolution  
☐ Conversion  
☐ Statement of Correction  
☐ Merger  
☐ DISSOLUTION

**OTHER FILINGS**

☐ TRANSMITTAL LETTER  
☐ Fictitious Name -  
☐ Statement of Authority  
☐ Other:

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing  
☐ Partnership  
☐ Reinstatement  
☐ Articles of CORRECTION  
☐ Withdraw of Certificate of Authority  
☐ TRADEMARK  
☐ Domestication

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2036 26ST 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

FINCO CAPITAL I.LLC

Firm/Company

1835 E HALLANDALE BEACH BLVD 715

Address

HALLANDALE, FL 33009

City/State and Zip Code

MJLIFE101@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH FEINER

Name of Person

at ( 323 ) 202-9385

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**

2036 26ST LLC

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

FILED  
2025 JUL 25 AM 10:10

The Articles of Organization for this Limited Liability Company were filed on 06/23/2025 and assigned  
Florida document number L25000277650.

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

**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**

[illegible]

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

Title AMBR VISTA CAPITAL LLC 1608 THAMES WAY TOMS RIVER, NJ 08755

It was incorrectly put in it was suppose to be with a 'NEW' at the beginning of the name

NEW VISTA CAPITAL LLC 1608 THAMES WAY TOMS RIVER, NJ 08755

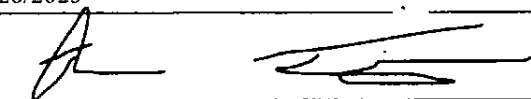
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 06/26/2025



Signature of a member or authorized representative of a member

JOSEPH FEINER

Typed or printed name of signee