

m23000007249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

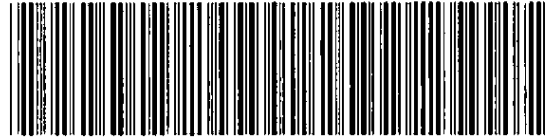
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 AUG 14 AM 9:37

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HARIOHM REALTY LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NIKUL PATEL

Name of Person

HNR GROUP LLC

Firm/Company

23 HAYLOFT LANE

Address

ROSLYN HEIGHTS, NY 11577

City/State and Zip Code

nikpatel1972@gmail.com

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

For further information concerning this matter, please call:

NIKUL PATEL

Name of Person

at ( 646 ) 651-8582

Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☒ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: HARIOHM REALTY LLC

Enter new principal office 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)**

2. The Florida document number of this limited liability company is: M23000007249

3. Jurisdiction of its organization: NEW YORK

4. Date authorized to do business in Florida: 06/01/2023

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: 3001 ALHAMBRA LLC  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

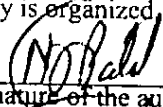
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

NIKUL PATEL

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

**NEW YORK STATE DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS, STATE RECORDS AND UNIFORM COMMERCIAL CODE  
FILING RECEIPT**

**ENTITY NAME :** 3001 ALHAMBRA LLC  
**DOCUMENT TYPE :** CERTIFICATE OF AMENDMENT  
**ENTITY TYPE :** DOMESTIC LIMITED LIABILITY COMPANY

**DOS ID :** 2837952  
**FILE DATE :** 07/21/2023  
**FILE NUMBER :** 230724001890  
**TRANSACTION NUMBER :** 202307240001159-2244468  
**EXISTENCE DATE :**  
**DURATION/DISSOLUTION :** PERPETUAL  
**COUNTY :** QUEENS



**SERVICE OF PROCESS ADDRESS :** HARIOHM REALTY LLC  
23 HAYLOFT LANE,  
ROLSYN HEIGHTS, NY, 11577, USA

**ELECTRONIC SERVICE OF PROCESS  
EMAIL ADDRESS :**

N/A

**FILER :** J & S ASSOCIATES  
190 JERUSALEM AVE,  
LEVITTOWN, NY, 11756, USA

*You may verify this document online at :* <http://ecorp.dos.ny.gov>

**AUTHENTICATION NUMBER :** 100003989141

<b>TOTAL FEES:</b>	<b>\$95.00</b>	<b>TOTAL PAYMENTS RECEIVED:</b>	<b>\$95.00</b>
<b>FILING FEE:</b>	<b>\$60.00</b>	<b>CASH:</b>	<b>\$0.00</b>
<b>CERTIFICATE OF STATUS:</b>	<b>\$0.00</b>	<b>CHECK/MONEY ORDER:</b>	<b>\$0.00</b>
<b>CERTIFIED COPY:</b>	<b>\$10.00</b>	<b>CREDIT CARD:</b>	<b>\$95.00</b>
<b>COPY REQUEST:</b>	<b>\$0.00</b>	<b>DRAWDOWN ACCOUNT:</b>	<b>\$0.00</b>
<b>EXPEDITED HANDLING:</b>	<b>\$25.00</b>	<b>REFUND DUE:</b>	<b>\$0.00</b>

**STATE OF NEW YORK  
DEPARTMENT OF STATE**

I hereby certify that the annexed copy for 3001 ALHAMBRA LLC, File Number 230724001890 has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.



WITNESS my hand and official seal of the  
Department of State, at the City of Albany,  
on July 24, 2023.

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State

X N Patel  
(Signature)

NIKUL PATEL  
(Type or print name)

Capacity of Signer (Check appropriate box):

- ☒ Member  
☐ Manager  
☐ Authorized Person

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CERTIFICATE OF AMENDMENT  
OF  
ARTICLES OF ORGANIZATION  
OF

HARIOHM REALTY LLC

(Insert Name of Domestic Limited Liability Company)

Under Section 211 of the Limited Liability Company Law

Filer's Name and Mailing Address:

Name:

J & S ASSOCIATES

Company, if Applicable:

190 JERUSALEM AVE

Mailing Address:

LEVITTOWN, NY 11756

City, State and Zip Code:

NOTES:

1. The name of the limited liability company and the date of filing of the articles of organization must exactly match the records of the Department of State. This information should be verified on the Department of State's website at [www.dos.ny.gov](http://www.dos.ny.gov).
2. This form was prepared by the New York State Department of State for filing a certificate of amendment for a domestic limited liability company. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal supply stores.
3. The Department of State recommends that legal documents be prepared under the guidance of an attorney.
4. The certificate must be submitted with a \$60 filing fee made payable to the Department of State.

(For office use only.)