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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration S Division of Co	ection rporations		
SUBJE	M2B VEN	TURES LLCMEHMET		
50 5 0E		Name of Lim	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		SELIM APAYDIN		
		M2B VENTURES LLC	Name of Person	
		4400 NORTH FEDERAL	Firm/Company . HIGHWAY, SUITE 210-29	
•		Name of Limited Liability Company TAmendment and fee(s) are submitted for filing. Indence concerning this matter to the following: SELIM APAYDIN Name of Person Name of Person M2B VENTURES LLC Firm/Company 4400 NORTH FEDERAL HIGHWAY, SUITE 210-29 Address BOCA RATON, FL 33431 City/State and Zip Code selim@dpninternational.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: 516 236 0037 Area Code Daytime Telephone Number		
		selim@dpninternational.co	City/State and Zip Code om	
		E-mail address: (t	to be used for future annual report notific	cation)
For furthe	er information c	oncerning this matter, please ca	dt:	
SELIM A	PAYDIN		516 236 0037	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

. . .

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

19 AUG-5 PH 6:3

M28 VENTURES LLC

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

(A Florida Limited Liability Company)

	any were filed on 07/15/2019	and assigned
Florida document number L 19000182071		
This amendment is submitted to amend the following:		
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 "LLC." Inter 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) 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:		
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because the second of the new registered of the registered of the new registered of the registered of the new registered of the regist	office address on our records, <u>er</u> nere:	nter the name of the new
Name of New Registered Agent:		····
New Registered Office Address:		***************************************
	Enter Florida street address	
		a
	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 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>	Address	Type of Action
AMBR	BANU SEREN MAT44	4400 N FEDERAL HWY STE 210-29 BOCA RATON, FL 33431	
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fective date, if other than the an effective date is listed, the date mo ote: If the date inserted in this becument's effective date on the I	lock does not meet the app	dicable statutory fil	more than 90 days after ing requirements, the	ional) er filing.) Pursuant to is date will not be	605.0207 (3) listed as the
record specifies a delaye The 90th day after the rec	d effective date, but cord is filed.	not an effective	e time, at 12:01	a.m. on the ea	rlier of:
August , 5	2019		1		
ited		50	et		
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