LZC 000128572

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JUN 24 2020 S. YOU'NG

COVER LETTER

SUBJECT		RA LLC		
30031,01	·	Name of Lin	ited Liability Company	
The enclos	RACE ERA LLC Specification Section Division of Corporations			
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Attn: Bekir Ormanci		
			Name of Person	
		KAYAN AND ASSOCIA	TES PA	
			Firm/Company	
		3701 S LONGFELLOW C	TR .	
			Address	
		HOLLYWOOD, FL 3302	r	
			City/State and Zip Code	
		-		
			•	ication)
For further	information c	oncerning this matter, please c	all:	
Bekir Orm	anci		· · · · · · · · · · · · · · · · · ·	
	Name o	f Person		Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	ailing Addres egistration S		Street Address: Registration Sec	tion

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

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**

GRACE ERA LLC		
(<u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L20000128572	Company were filed on 05/12/2020	Z
This amendment is submitted to amend the following:		8 A
A. If amending name, <u>enter the new name of the lin</u>	mited liability company here:	6.38
he new name must be distinguishable and contain the words "Lin	mited 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 ADD	ORESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
i. If amending the registered agent and/or registere gent and/or the new registered office address here:	ed office address on our records, <u>c</u>	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	address
	City	, FloridaZip Code

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
·AMBR	NACIYE ORMANCI	401 EAST LAS OLAS BLVD SUITE 1400	□Add
		FT LAUDERDALE, FL 33301	Remove
			□Change
AMBR	NECLA ORMANCI	401 EAST LAS OLAS BLVD SUITE 1400	= Add
		FT LAUDERDALE, FL 33301	Remove
			□Change
		-	□Add
		·	□Remove
			Change
 -			□Add
			□Remove
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			□Add
	•		□Remove
			Change
			□Add
			□Remove
			☐ Change

		
"		
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ffective date, if other than th	e date of filing: (optional)	
an effective date is listed, the date mu	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 block does not meet the applicable statutory filing requirements, this date will not be listed	
ocument's effective date on the L	Department of State's records.	a aa me
record specifies a delayed effecti Lis filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
	2020	
May, 12, ated		
ated May, 12, Bekir	Ormana, AMBR Signature of a member or authorized representative of a member	

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