Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

₹€Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IRFAN OZHAN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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UCT 3 1 21123

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRFAN OZHAN, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our rec	<u>'01(k.</u>)
he Articles of Organization for this Limited Liability Compa	ny were filed on 02/28/23	and assigned
lorida document number L23000106683		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	ability company here:	
erman Global Goods, LLC		
he new name must be distinguishable and contain the words "Lamited Lin	dullity Company," the designation "I	LC" or the abbreviation "L.L.C"
nter new principal offices address, if applicable:		202
, .		
Principal office address MUST BE A STREET ADDRESS)		

nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered offic	e address on our records. <u>en</u>	ter the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street adi	hess
		Florida
	Citi	Florida Zip Code
ew Registered Agent's Signature, if changing Registered Agen		

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

10/30/2023 06:52:47 PDT

Tc 18506176383

Page 3/4

From Registered Agents Inc

Fax 8134365206

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
		·	□Add
			ERemove
			[]Change
			LFAdd
			BRemove
			El Change
			LJAdd
			□Remove
		· - · - · - · · · · · · · · · · · ·	CiChange
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To 18506176383

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Signature of a member or authorized representative of a member			 ·
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		-	•
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