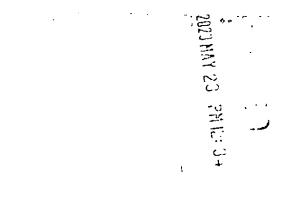
## L23000217665

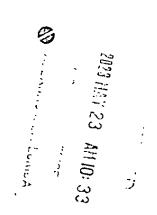
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A. DUTLIR NAY 24 2023

	P.O. Box 3	236 East 6th Avenue. Tallahassec, Florida 32303 7066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666
		WALK IN
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SHRI	FCT- OZTURK	ESTATE LLC		
30113	ECT	K ESTATE LLC  Name of Limited Liability Company  I Amendment and fee(s) are submitted for filing.  ondence concerning this matter to the following:  Ana Cervetta-Lapham  Name of Person  Cervetta Lapham & Associates PA  Firm'Company  1172 S Dixie Hwy #379  Address  Coral Gables, FL 33146  City/State and Zip Code  ana@cervettalapham.com  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  am  at (305) Area Code  Daytine Telephone Number  the following amount:  \$\Begin{array} \text{S30.00 Filing Fee & Certificate of Status & Certified Copy}  \end{array}  \$\Begin{array} \text{S60.00 Filing Fee} \text{Certificate of Status}  Certificate of Status & Certified Copy}  \end{array}		
The er	nelosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	OZTURK ESTATE LLC  Name of Limited Liability Company  d Articles of Amendment and fee(s) are submitted for filing.  at all correspondence concerning this matter to the following:  Ana Cervetta-Lapham  Name of Person  Cervetta Lapham & Associates PA  Firm/Company  1172 S Dixie Hwy #379  Address  Coral Gables, FL 33146  City/State and Zip Code  ana@cervettalapham.com  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  etta-Lapham  Name of Person  at (_305_)		
		Ana Cervetta-Lapham		
			Name of Person	
Name of Person  Cervetta Lapham & Associates PA  Firm/Company  1172 S Dixie Hwy #379				
			Firm/Company	
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For fu	rther information co	ncerning this matter, please ca	all:	
Ana	Cervetta-Laphan	n	at ( 305 ) 275-324	4
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for the	e following amount:		
□ \$2	25.00 Filing Fee	<del>-</del>		Certificate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 MAY 23 PM 12: 34

## OZTURK ESTATE LLC

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

(A F	lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L23000217665</u>	lity Company were filed on _05/03/20	223 and assigned
This amendment is submitted to amend the followir	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designati	on "LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	X)	
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:		records, enter the name of the nev
New Registered Office Address:		
	Enter Florida stre	
-	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regi	,	z.p Code
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the company has been notified in writing of this change.	gent and agree to act in this capact and complete performance of my du ed agent as provided for in Chapte istered office address, I hereby con	ties, and I am familiar with and r 605, F.S. Or, if this document is

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

<u>Title</u>	Name	Address	Type of Action
MBR	DORUK OZTURK	480 NE 31 STREET, GRAN PARAISO UNIT 42	<u>201</u> ☑ Add
		EDGEWATER, FL 33137	□ Remove
		<del></del>	□ Change
MGRM	UFUK OZTURK	480 NE 31 STREET, GRAN PARAISO UNIT 43	<u>201</u> □ Add
		EDGEWATER, FL 33137	□ Remove
			🗹 Change
MBR	REGNUM EOOD BG	480 NE 31 STREET, GRAN PARAISO UNIT 4201	🗆 Add
		EDGEWATER, FL 33137	☑ Remove
			□ Change
			D Add
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E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and cann s block does not meet :	iot be prior to date of fil the applicable statuto	ing or more than 90 day	(optional) ss after filing.) Pursuant to 6 ts, this date will not be 1	505.0207 (3)( isted as the
of the record specifies a dela (b) The 90th day after the		, but not an effe	ctive time, at 12	:01 a.m. on the ea	rlier of:
Dated May 22	. 2	023 .			
		Afuk Ozturk ber or authorized repres	,		
<u></u>	Signature of a memb	per or authorized repres	entative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00