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SECRETARY OF STATE TALLAHASSEE, FL

2025 MAY -7 PM 4: 36

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT:	Tayfun LLC Name of Lim	ited Liability Company	•	
		, ,		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		1019 AKCaba		
		Cryfun LLC Firm/Company		
	430	3rd Ave S, APT	456	
	St. Peter	Sbury Florida, 33 City/State and Zip Code	701	2025 MAY -7 PM 4: 36 SECRETALLY OF STATE TALLAHASSEE, FL
	E-mail address:	+ akcabal fig mail (or to be used for future finnual report notif	(lication)	10000000000000000000000000000000000000
For further information c	oncerning this matter, please c	all:		PH ASSE
horay Name o	Abcabal Person	at (<u>C17</u>) <u>3)8-1(</u> Area Code Daytimo) 61 e Telephone Number	2025 MAY -7 PM 4: 36 SECRETALLY OF STATE TALLAHASSEE, FL
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &
<u>Mailing Addres</u> Registration (Street Address: Registration Sec	etion	
Division of C P.O. Box 632	Corporations	Division of Cor The Centre of T	porations	
1.O. DOX 032	. /			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tayl	fun LLC
	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>L2500()126.05</u>	ity Company were filed on 03/14/2025 and assigned
This amendment is submitted to amend the followin	g:
A. If amending name, enter the new name of the	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	: V/A
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, enter the name of the new registered
Name of New Registered Agent:	I/A BEEN TO
New Registered Office Address:	Enter Florida street address
	, Florida
_	City Zip Code
The second secon	toward Agants

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

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
MGR	Koruy Tayfun Akcabal	430 3rd Ave S APT 456 St Petersburg FL, 33701	(3 Add
			□Remove
			□Change
	VIA		🗆 Add
			□Remove
			Change
	N/A		□ Add
			SE TAIN SE TAI
			THE PH I
	N/A		SEGRETALLAHASSEE FL
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in effective date is listed, a ote: If the date inserte	than the date of fili the date must be specific a d in this block does no e on the Department o	and cannot be prior to dat t meet the applicable :	te of filing or more than	(optional) 90 days after filing.) I rements, this date w	FTI Pursuant to 605.0207
ecord specifies a delay is filed.	red effective date, but n	ot an effective time. a	at 12:01 a.m. on the e	arlier of: (b) The	90th day after the
1ed 04/24/	7025 71025	A member of authorized	M		
		1 (10)			
	Signature of	a member of juthorized	I representative of a me	mber	