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PICK-UP WAIT MAIL	
(Business Entity Name)	
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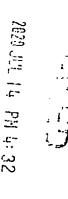


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JUL 1 4 2020

AUG 23 2020 S. YOUNG



COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

4 SRT LLO SUBJECT:	C	•	
SUBJECT:	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:	
	SERDAR TASDEMIR		
		Name of Person	
		Firm/Company	
	5320 GRAND CYPRESS	CIRCLE, Apt 204	
		Address	
	NAPLES, FL 34109		
	srt.llc.co@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
SERDAR TASDEMIR		303 960-3684 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ction
Division of Corporations		Division of Corporations	
P.O. Box 632	.7	The Centre of T	`allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(i)

4 SRT LLC		
(Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 01/31/2020	and assigned.
This amendment is submitted to amend the following:	 -	32
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I. Enter new principal offices address, if applicable:		r the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the</u> :	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Floric	I.s.
	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>	Name	Address	Type of Action
AMBR	SERDAR TASDEMIR	5320 GRAND CYPRESS CIRCLE, Apt 204	≣ ∧dd
		NAPLES, FL 34109	□Remove
			Change
MGR	SERDAR TASDEMIR	5320 GRAND CYPRESS CIRCLE, Apt 204	□Add
		NAPLES, FL 34109	Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change

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