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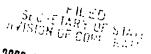
## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
XUMA US,	A LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MEHMET S. ERTEKIN		
		Name of Person	-
	XUMA USA LLC		
		Firm/Company	
	2098 SW 185TH AVE		
	- <del>-</del>	Address	
	MIRAMAR FL 33029		
	SE@XUMA.US	City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
MEHMET S. ERTEKIN		786 6860000	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	S30.00 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 Address		Street Address:	action
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	-	The Centre of	-
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



XUMA USA LLC

2022 AUG -2 AMII: 27

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

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2098 Sw 135+4. Avi	٤ ـ
(Principal office address MUST BE A STREET ADDRESS)	2098 Sw 185+4. Av.	3029
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid:	a
<del></del>	City	a 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 Jun Er Wan company has been notified in writing of this change.

If Changing Registered Agent, Signapore of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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fective date, if other than the dan effective date is listed, the date must bote: If the date inserted in this blocument's effective date on the Dep	ck does not meet the applicab	date of filing or more that ole statutory filing requ	(optional) n 90 days after filing.) Purs irements, this date will i	uant to 605,020° not be listed as
ecord specifies a delayed effective is filed.	date, but not an effective tim	e. at 12:01 a.m. on the	earlier of: (b) The 90t	h day after the
July 20th	2022			
ated	·	_ ·		
	<u>.</u>			
<u></u>	Signature of a member or authori	ized representative of a m	ember	