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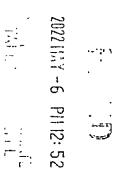
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	PSN CON	TRACTING, LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Fuat Ornarli	
		Name of Person	
		Firm/Company	
		···	
		7111 Taft Street	
		Address	
	П	ollywood, Florida 33024	
		City/State and Zip Code	
	orn	to be used for future andual report n	il, com
	E-mail address: (to be used for future andual report n	otification)
For further information c	oncerning this matter, please c	all:	
Name o	r Person	at () Area Code Dayt	ime Telenhone Number
		THERE CALL	The receptione statutes
Enclosed is a check for th	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 Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PSN CONTRACTING, LLC

2022 HAY -6 PM 12: 52

(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 Com-	many were filed on	December 8, $2011^{\frac{2}{160}}$	L. and assigned FL
Florida document number	·/·····g		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company l	nere:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our	records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	Enter Flo	orida street address	
		Florida	Zip Code
	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 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	Egemen Toprak	125NE 32nd St 1019 Mio	33137 MI ■Add
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			□Change
			□Add
			□Remove
			□Change
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			□Chunuo

Page 2 of 3

). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an effecti <u>Note:</u> If t	date, if other than the date of filing:
the recor) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of other day after the record is filed.
Dated	November 5, 2021
	bad lat
	Signature of a member or authorized representative of a member
	Fuat Ornarli
	Typed or printed name of signee