Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SODL & INGRAM PLLC

Account Number : I20190000071 Phone : (904)257-5777 Fax Number : (904)347-2738

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DMO ADVANCE, LLC

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Help

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COVER LETTER

	Registration Se Division of Cor				
CUBIE~		ANCE, LLC			
SUBJECT: Name of Limited Liability Company					
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please reti	urn all correspo	endence concerning this matter	to the following:		
		SONER TUNAY			
			Name of Person		
		·	Firm/Company		
		105 Brians View			
			Address		
		Carroll, NH 03595			
		soner.tunay@gmail.com E-mail address: (City/State and Zip Code to be used for future annual report to	otification)	
For furthe	r information c	oncerning this matter, please c			
William (Gibbs		904 878-1508 at ()		
	Name o	f Person	Area Code Days	ime Telephone Number	
Enclosed	is a check for th	he following amount:			
■ \$25. 0	0 Filing Fee	(1) \$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 S Division of C P.O. Box 632 Fallahassee,	Section Corporations 27	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	orporations Tallahassee roe Street, Suite 810	

DIAN ADVANCE LIC

(((H210004446063)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF COMPONENTS IN THE PROPERTY OF COMPONENTS IN THE PROPERTY OF THE P

(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our Jability Company)	records.)
The Articles of Organization for this Limited L Florida document number L15000198234	iability Company	were filed on November	24, 2015 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company bere:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		105 Brians View	
(Principal office address MUST BE A STREET ADDRESS)		Carroll, NH 03595	
Enter new mailing address, if applicable:		105 Brians View	
Mailing address MAY BE A POST OFFICE BOX)		Carroll, NH 03595	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records	enter the name of the new register.
Name of New Registered Agent:	Soner Tunay		
New Registered Office Address: 326 SW 2		Rd Apt R/3	
		Enter Florida stre	
	Miami		, Florida 33129
		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

(((H210004446063)))

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	Ergisi Manager LLC		
			■ Петоче
AMBR	Gulacar, Mehmet		
			■ Remove
MGR	Soner Tunay	105 Brians View	
		Carroll, NH 03595	□Remove
			☐ Change
			□Add
			Remove
			□ Change
			□ Add
			□Remove
			Change
			①Add
			Remove
			□ Change

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.) amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
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		——————————————————————————————————————
		
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ian ellectiv Note: If th	date, if other than the date of filing:	io 605.02 e listed
record sp d is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	y after ti
Dated	October 11 th 2021.	
	Signature of a member or authorized representative of a member	
	Soner Tunay, Member	