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S Warren MAY 2 3 2017

COVER LETTER

The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: MERIC GURANI SAY Name of Person ALLMER LLC Firm/Company 4400 NORTH FEDERAL HWY, STE 210-29 Address BOCA RATON FL 33431 City/State and Zip Code selim@dpninternational.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SELIM APAYDIN Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:	□ \$25.00 Filing Fe	Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Co	f Status &
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The enclosed Articles of Amendment and fee(s) are submitted for filing.	Please return all cor	respondence concerning this matter to the following:	
		•	
Name of Limited Liability Company			
Name of Linds of Links Comment		Name of Limited Liability Company	
ALLMER LLC SUBJECT:		WER EEC	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ALLMER			
(Name of the Limit	ted Liability Compan (A Florida Limited L	y as it now appears on our reability Company)	ecords.)	
The Articles of Organization for this Limited Li Florida document number L16000012619	iability Company v	vere filed on January 19,	2016	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, <u>enter the new name of</u>	f the limited liabil	ity company here: N	/A	
The new name must be distinguishable and contain the w	ords "Limited Liabili	y Company," the designation	"LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if application	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE I	BOX)			
D. If amonding the registered agent and/	on magistance off	ion oddwood on our mod	ouds seen the	mama af the man
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered on <u>Tice address here</u>	ice address on our rec	orus, <u>enter the</u>	name of the new
		,		
Name of New Registered Agent:				
New Registered Office Address:				
New registered Office Address.		Enter Florida street a	ddress	
	<u>-</u>		, Florida	
		•	,	Zip Code
New Registered Agent's Signature, if changing R	Registered Agent:	r/A		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this d	er and complete p stered agent as pr registered office c	performance of my dutie vovided for in Chapter 6	s, and I am fa <u>m</u> 105, F.S. Or, i }⊉	liar with and
	If Chang	ing Registered Agent, Signa	ture of New Registe	wed 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
AMBR	MERIC GURANI SAY	4400 NORTH FEDERAL HWY	■ Add
		SUITE -210-29	☐ Remove
		BOCA RATON, FL 33431	☐ Change
AMBR	ALICAN SAY	4400 NORTH FEDERAL HWY	
		SUITE -210-29	Remove
		BOCA RATON, FL 33431	Change
			Add
		·	☐ Remove
			Change
	,		
			□ Remove
			☐ Change
			Add
			□ Remove
		<u> </u>	SECO Change
	•		PHREMOVE SEE, FLORIDA
			ORDA DATE Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessity)	essary.) N/A	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filing.) Pursuant to (605.0207 (3)(b) isted as the
the record specifies a delayed effective date, but not an effective time, at 12:01 apply The 90th day after the record is filed.	.m. on the ear	rlier of:
Dated		
Signature of a member or authorized representative of a member	17 HAY 2 SECRETA ALLAHAS	्राह्म । एक्ट्रेस ग ार्थ
MERIC GURANI SAY	22 R	ILE.
Typed or printed name of signee	STA FLOR	O /
Page 3 of 3	ADA ST	

Filing Fee: \$25.00