

10/2/23, 11:31 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1600007719

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.

(((H23000345431 3)))



H230003454313ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)517-6383

Account Name : ASSURED ACCOUNTING AND TAX SERVICES
Account Number : I2018000048
Phone : (954)793-0353
Fax Number : (954)944-3163

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

Email Address: SERKANmiami@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MENART LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MENART LLC

(((H23000345431 3)))

(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 4/20/2016 and assigned
Florida document number L16000077719.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

735 NW 165TH AVE

(Principal office address MUST BE A STREET ADDRESS)

PEMBROKE PINES, FL 33028

Enter new mailing address, if applicable:

735 NW 165TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES, FL 33028

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

735 NW 165TH AVE

Enter Florida street address

PEMBROKE PINES

, Florida

33028

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.

(((H23000345431 3)))

If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (((H23000345431 3)))

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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 filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Oct 2, 2023

SERKAN MENGUC
SERKAN MENGUC (Oct 2, 2023 11:05 EDT)

SERKAN MENGUC (Oct 2, 2023 11:06 EDT)

Signature of a member or authorized representative of a member

MANAGER

Typed or printed name of signee

((H23000345431 3)))