

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES
Account Number : I20160000008
Phone : (850)777-2091
Fax Number : (770)220-1943

****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
OSEO THIRTY-EIGHT LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2016 MAY 12 AM 12:00

TALLAHASSEE, FLORIDA

16 MAY 12 AM 9:06
STATE OF FLORIDA
DIVISION OF CORPORATIONS

MAY 13 2016

J SHIVERS

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

OSEO THIRTY-EIGHT LLC

(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 04/27/2016 and assigned
Florida document number L16000081381

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:

1625 Michigan Ave, Miami Beach, FL, 33139

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

940 Lincoln Rd. Ste 321, Miami Beach, FL, 33139

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

Enter Florida street address

_____, Florida
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>	<u>Address</u>	<u>Type of Action</u>
Authorized Signatory	Erdem Aynali	7601 EAST TREASURE DRIVE APT#1514	<input checked="" type="checkbox"/> Add
		NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Authorized Signatory	Ahmet Demir	7601 EAST TREASURE DRIVE APT#1514	<input checked="" type="checkbox"/> Add
		NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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16 MAY 12 AM 9:00
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FEDERAL BUREAU OF INVESTIGATION
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Dated May 12, 2016

Mary Parow
Signature of a member or authorized representative of a member
Authorized Representative
Typed or printed name of signer