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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

	Registration Se Division of Cor			
eun irz		ANS LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fec(s) are sub	mitted for filing.	
		ondence concerning this matter		
		Baris Tan		
		- · · · · · -	Name of Person	
		SULTANSILLC		
			Firm/Company	
		151 SE 1st Ave		
		-	Address	· · · ·
		Boca Raton, FL 33432		
			City/State and Zip Code	
		baristan@yahoo.com E-mail address (to be used for future annual report notil	ication)
For furthe	er information c	oncerning this matter, please co		
Baris Ta	n		561 789-5050	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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)
	Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COURI Registration Sectio Division of Corpor Clifton Building	n

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32304

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SULTANS LLC			
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears orida Limited Liability Company)	on our records.)	SEP 30
The Articles of Organization for this Limited Liabili	ty Company were filed on	09/28/2016	and assigned
lorida document number			ن المراجعة
tis amendment is submitted to amend the followin	ā:		-
. If amending name, enter the new name of the	limited liability company her	<u>·e</u> :	
te new name must be distinguishable and contain the words	"Limited Liability Company," the de-	signation "I.I.C" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable			
Principal office address MUST BE A STREET A	DDRESS)		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BON	2		
		<u>.</u> <u>-</u>	
. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter	r the name of the n
gistered agent and/or the new registered office	audiess nere.		
Name of New Registered Agent:			
New Registered Office Address:		_ _	
	Enter Floric	la street address	
_		, Florida _	
	Сиу		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
MMBR	Tuncer, Andy	151 SE 1st Ave	
		Boca Raton, F1, 33432	■ Remove
			□ Change
			☐ Change
			☐ Remove
			□ Change
			☐ Remove
			☐ Change
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ffective date, if other than the dan effective date is listed, the date must be total. If the date inserted in this blococument's effective date on the Dep	k does not meet the applical	o date of filing or more than ole statutory filing requi	(optional) 90 days after filing.) Pursuant to ements, this date will not be	o 605 020 : listed a:
	offective date but not	an effective time, a	it 12:01 a.m. on the e	arlier o
The 90th day after the recor				
The 90th day after the recor	d is filed.			
ated	d is filed.			_

Page 3 of 3

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