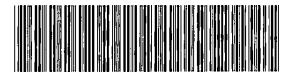
LIFEIR 2965+

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| , |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer. |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



000433025610

07/45/24--01028--022 *#25.00



07/15/24

COVER LETTER

| то: | Registration Se Division of Cor | | | | |
|---------------|---|--|--|---|----|
| (3178) | TURON TI | LE LLC | | | |
| SUBJE | CF: | Name of Lim | ited Liability Company | | |
| The end | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please | eturn all correspo | ndence concerning this matter | to the following: | | |
| | | JAKHONGIR YORBEK | ov | | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| | | 238 EAGLE DR | | | £. |
| Address | | | | | |
| | | PANAMA CITY BEACH | , FL 32407 | | |
| | | jakhongir8427@gmail.com | City/State and Zip Code | <u> </u> | |
| | | E-mail address: (| to be used for future annual report notification) | | |
| For furt | her information co | oncerning this matter, please c | all: | AHIO: 57 | |
| JAKH | ONGIR YORBE | | 850 775-8740 at () | | |
| | Name of | f Person | Area Code Daytime Telepho | one Number | |
| Enclose | d is a check for th | e following amount: | | | |
| = \$25 | i.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) | |
| | Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F | Section orporations 7 | Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303 | ssee t, Suite 810 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TURON TILE LLC | |
|---|---|
| (Name of the Limited Liability Company as it no (A Florida Limited Liability Co | ow appears on our records.) ompany) |
| The Articles of Organization for this Limited Liability Company were file Florida document number | ed on Filed 02/07/2017 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability com | pany here: |
| ALYANS LLC | |
| The new name must be distinguishable and contain the words "Limited Liability Compa | ny," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | <u></u> |
| | |
| Enter new mailing address, if applicable: | ————————————————————————————————————— |
| (Mailing address MAY BE A POST OFFICE BOX) | (A) |
| Muning dutiess MAT BE AT OST OFFICE BON | |
| | |
| B. If amending the registered agent and/or registered office address o | on our records enter the name of the new register |
| agent and/or the new registered office address here: | on our records, enter the hame of the new register |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| City | 7in 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 |
|---------------|-------------------|-----------------------------|-----------------------------------|
| AMBR | YORBEK YORBEKOV | 238 EAGLE DR | = Add |
| | | PANAMA CITY BEACH, FL 32407 | □Remove |
| | | | Change |
| AMBR | DILDORA YORBEKOVA | 238 EAGLE DR | ≣Add |
| | | PANAMA CITY BEACH, FL 32407 | □Removc |
| | | | |
| | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | | | □Remove |
| | | | □Change |
| _ | | | Add |
| | | | Remove |
| | | | Change 57 |
| | | | |
| | | | □Remove |
| | | | _ |
| | | | |
| | | | □Remove |

| | | <u> </u> | | | |
|---|---|---------------------|-------------------|---|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | - | | | | |
| | | | | | Analli arm |
| | | | | • | · <u></u> |
| | | | | | **** |
| | | | | 1/3.S | C/I |
| | | | | SEE. | |
| | | | | PAT | - <u>Ö</u> |
| | - | | | <u> </u> | <u> </u> |
| | | | | | |
| | | | | (A: N | |
| effective date, if other than the date of fili effective date is listed, the date must be specific a | nd cannot be prior to | o date of filing or | more than 90 day | (optional) s after filing.) P | ursuant to 605.02 |
| e: If the date inserted in this block does not ument's effective date on the Department of | . meet the applical State's records. | ble statutory fi | ling requirement | is, this date wi | ill not be listed : |
| | | | | | |
| cord specifies a delayed effective date, but n s filed. | ot an effective tin | ne, at 12:01 a.r | n, on the earlier | of: (b) The S | 90th day after th |
| JULY 10 | 2024 | <u>.</u> . | | | |
| | | ľ | | | |
| Jak non signature of | in Worl | series | | | |

Filing Fee: \$25.00