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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Changing the registered agent's name & address

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Göksel Karaaslon Saylam Name of Person	
KARSEL HOLDINGS LLC	
3282 NE 166 th Street	
North Mami Beach/FL 331	
Karasiand Sip Code arselholdingsile @gmail.co	
For further information concerning this matter, please call: (305) 947 6884 Göksel Kanaasian Saylam at 786, 955 5709	3
Göksel Karaasian Saylam at (786) 955 5709 Name of Person Daytime Telephone	

Enclosed is a check for the following amount:

S25.00 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 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

KARSEL												
(<u>Name of the Limite</u> (d Liability Com A Florida Limite	pany a d Liabi	it no ity Co	ompan	y)	our re	cords.)					
The Articles of Organization for this Limited Lia	ibility Compar	ny wer FE	e file I /	ed on EI	0 14:44	311	71 20 32-0	017 0914	and a	ssign	ed	
This amendment is submitted to amend the follo	wing:											
A. If amending name, enter the new name of	the limited lis	ability	com	pany	here:							
· · · · · · · · · · · · · · · · · · ·						<u>.</u> _						
The new name must be distinguishable and contain the wo	rds "Limited Lia	ibility C	ompa	uny," th	ie desig	nation '	"LLC" or	rthe abb	геузаціоп "	L.L.C.		
Enter new principal offices address, if applica	ble:	_								<u>ಹ</u>	<u>₹</u> 8	
(Principal office address MUST BE A STREET	ADDRESS)	_								<u> </u>	<u> </u>	
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Enter new mailing address, if applicable:							<u>.,.</u>			P 3	Y OF 5	τ <u>η</u>
(Mailing address MAY BE A POST OFFICE B	(OX)	_								<i>ا</i> ت	<u> </u>	
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B. If amending the registered agent and/oregistered agent and/or the new registered off			add	iress	on o	ır rec	ords, g	enter t	he name	<u>e of 1</u>	the ne	<u>w</u>
Name of New Registered Agent:	<u> 68ts</u> 3282	ell	(ar	`aq	slar	Sc	1910.	77				
New Registered Office Address:	3282	LN	<u>E</u> 1	166	ナク	Stn	eet		SECRETARY OF SAND			
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	North	1 1 1 1	City	M)	D80(ch_	. Floric	da <u>3</u>	316 (Zip Code	$\frac{\mathcal{Q}}{\mathcal{Q}}$		
			•									

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 thirtied liability company has been notified in writing of this change.

If Changing Registered Agent Structure of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR =	Manager			
AMBR =	Authorized Member			

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00