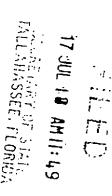
17000130683

| (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



300301449243



JUL 1 9 2017 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : | I20000000195 | 5 | | |
|---|--------------|---------------|--|--|
| REFERENCE : | 726258 5 | 5156901 | | |
| AUTHORIZATION : | | | | |
| COST LIMIT : \ | \$325466.8Ca | ARA. | | |
| | | · | | |
| ORDER DATE : July 17, 2017 | | | | |
| ORDER TIME : 9:41 AM | | | | |
| ORDER NO. : 726258-005 | | | | |
| CUSTOMER NO: 5156901 | | | | |
| | | | | |
| | | | | |
| DOMESTIC AMENDM | ENT FILING | | | |
| | | | | |
| | | | | |
| NAME: NUSRET MIAMI LLC | | | | |
| | | | | |
| | | | | |
| EFFECTIVE DATE: | | | | |
| | | | | |
| XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION | | | | |
| RESIATED ARTICLES OF INCORPOR | ATION | | | |
| DIENCE DECEMBER OUT POLICE TO SOCIO | | | | |
| PLEASE RETURN THE FOLLOWING AS PROO | r Or Filing: | | | |
| CERTIFIED COPY | | | | |
| XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDIN | G | | | |

EXAMINER'S INITIALS:

CONTACT PERSON: Melissa Zender -- EXT# 62956

COVER LETTER

| TO: | Registration Sec Division of Cor | | | |
|---|-------------------------------------|---|---|--|
| cunt | Nusret Miai | mi LLC | | |
| SUBJE | :C1: | Name of Lim | ited Liability Company | · |
| The end | closed Articles of a | Amendment and fee(s) are sub | emitted for filing. | |
| Please | return all correspon | ndence concerning this matter | to the following: | |
| | | Christy L. Reuter, Esq. | | |
| | | | Name of Person | 7 4 46 7 46 7 |
| | | Meister Seelig & Fein LLI | p | |
| | | | Firm/Company | |
| | | 125 Park Avenue, 7th FLo | or | |
| | | | Address | |
| | | New York, New York 100 | 17 | |
| | | | City/State and Zip Code | ··· • • • • • • • • • • • • • • • • • • |
| | | clr@msf-law.com | to be used for future annual report notif | ingtion) |
| For fun | ther information ed | oncerning this matter, please of | · | Nation) |
| Christy | v L. Reuter, Esq. | | 212 655-35(0) | |
| Name of Person Area Code Daytime Telephone Number | | | | Telephone Number |
| Enclose | ed is a check for th | e following amount: | | |
| = \$25 | 5.00 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

TO:

STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Nusret Miami LLC | | |
|--|---|---------------------------|
| (Name of the Limited Liability C (A Florida Lir | Company as it now appears on our records.) inted Liability Company) | |
| The Articles of Organization for this Limited Liability Com | pany were filed on 06/16/2017 | and assigned |
| Florida document number L17000130683 | | • |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | l 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: | | · |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | |
| | | |
| | | 月 7 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | SS |
| | | |
| | | - Co |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | ed office address on our records, e | |
| registered agent and/or the new registered office address | <u>s nere</u> : | 9 |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Floric | |
| | 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> | Address | Type of Action |
|--------------|--------------------|-----------------------------|---|
| P | Arun K. Puri | 8950 SW 74th CT, Suite 1704 | ■ Add |
| | | Miami, FL 33156 | ☐ Remove |
| | | | Change |
| VP | Jeffrey S. Boerner | 8950 SW 74th CT, Suite 1704 | <u></u> ≣ Add |
| | | Miami, FL 33156 | Remove |
| | | | Change |
| VP | Gerald M. Laban | 8950 SW 74th CT. Suite 1704 | Add |
| | | Miami, F1. 33156 | □ Remove |
| | | | Change |
| VP | Yavuz Pehlivanlar | 8950 SW 74th CT, Suite 1704 | Add |
| | | Miami, FL 33156 | ☐ Remove |
| | | | ☐ Change |
| | | | |
| | | | Tikemove 3 |
| | | | Si Chan A III |
| | | | Dadd JUL See Of |
| | | | □ Remove |
| | | | □ Change |

| | | | | | | | _ |
|--|--|---------------------|--|-----------------------|---|--------------|-----------------------|
| | | | | | | | _ |
| -,- | | ··· | | | <u></u> | | |
| | <u>-</u> . | | | | , | | |
| | | | | | | | |
| | | - | — | | - | | |
| | | | | · | | | |
| | | | | | | | _ |
| | | | | | | | |
| - | · | | | | =1-0 · · · · · · | | |
| - | | | | | | | 7 ال |
| | | | | | | Ser | <u>`</u> - |
| | | | | | | | 40 |
| | | | | | | رر0 : ۱۶ | M i |
| | | | | | | | 6 1, 1 |
| | | | | | | | |
| | | | _ | · | | ··· | _ |
| Effective date, if other | r than the date of fi | ilino: | | | (ontional) | | |
| Effective date, if othe If an effective date is listed <u>Note:</u> If the date insert | , the date must be specific ed in this block does n | and cannot be p | rior to date of fili olicable statuto | ng or more than 90 da | ys after filing.) Pur ots this date will | rsuant to | 605,0207 listed as |
| document's effective da | ite on the Department | of State's reco | rds. | y wing requiremen | | 110,100 | insted as |
| ne record specifies The 90th day afte | a delayed effectiver the record is file | re date, but ed. | not an effec | tive time, at 12 | 2:01 a.m. on | the ea | rlier o |
| July 17 Dated | | 2017 | | } | | | |
| 12AICU | 101 | 1.1 | *// | T.I | | | |
| | 1 17 17. | ひなない | 67 A 144 E | CIND I | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

| | Registration Sec Division of Corp | | | |
|----------------|--------------------------------------|--|---|---|
| cup ice | Nusret Miar | mi LLC | | |
| SUBJEC' | 1: <u></u> | Name of Limi | ited Liability Company | |
| The enclo | sed Articles of a | Amendment and fee(s) are sub- | nitted for filing. | |
| Please reti | um all correspo | ndence concerning this matter | to the following: | |
| | | Christy L Reuter, Esq. | | |
| | | | Name of Person | |
| | | Meister Seelig & Fein LLP | • | |
| | | | Firm/Company | |
| | | 125 Park Avenue, 7th FLoo | or | |
| | | | Address | |
| | | New York, New York 100 | 17 | |
| | | | City/State and Zip Code | |
| | | clr@msf-law.com | | |
| | | | to be used for future annual report notifi | cation) |
| For furthe | r information co | oncerning this matter, please ca | al); | |
| Christy L | Reuter, Esq. | | 212 655-3500 | |
| Name of Person | | | at () Area Code Daytime | Telephone Number |
| | | | | |
| Enclosed | is a check for th | e following amount: | | |
| \$25.0 | 0 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 tadditional copy is enclosed |
| | | | | • |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

TO:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301