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COVER LETTER

ACM INVESTMENT GROUP, LLC

TO: Registration Section **Division of Corporations**

SUBJECT:	ACMINV	ESTMENT GROUP, LEC	
	Name of Lim	ited Liability Company	***************************************
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
·	C	2.	
		Fuat Ornarli	
		Name of Person	
		Firm/Company	
7111 Taft Street			
Address			
Hollywood, Florida 33024			
		City/State and Zip Code	
	E-mail address: (1	o be used for future around report not	ification)
For further information c	concerning this matter, please ca	ill:	
		at I A	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACM INVESTMENT GROUP, LLC

2022 ii 4 i - 6 PM 12: 56

The Articles of Organization for this Limited Liability	Company were filed on June 15, 2017	• <i>i l</i> and assigned
Florida document numberL17000131654		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "I.	imited 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 ADI	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	44.6	
		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the na</u> : :	me of the new registered
Name of New Registered Agent:		,
New Registered Office Address:		
	Enter Florida street address	
	Florida _	Zip Code
	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
MGR	Egemen Toprak	125 NE 32nd St 1019 MigniFL?	53137 ■Add
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			□Change
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			□Remove
			□Change

Page 2 of 3

). If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
**	
	
<u>Note:</u> If the	late, if other than the date of filing:
the record) The 90	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated	November 5, 2021
	Intle
	Signature of a member or authorized representative of a member
	Fuat Ornarli
	Typed or printed name of signee