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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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FILEO SECRETARY OF STATE FALLAHASSEE. FLORIDA

## COVER LETTER

TO: Registration Se Division of Cor	ction porations			
SUBJECT:/	KSR TRAD	ING LLC		
	Name of Limi	ted Liability Company		
		117000	247700	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing		
Please return all correspo	ndence concerning this matter t	o the following		
	BARIS	KESER Name of Person	<del></del>	
	KSRT	RADING L	LC_	
	1756 N	Firm/Company  1. BAGSHORE	E DRIVE, 11E	3
	11	Address	/	
	MIAMI,	FL 33/32		
		City/State and Zip Code		
	E-mail address: (t	o be used for future annual report noti	ification)	
For further information c	oncerning this matter, please ca	ılı:		
BARIS	KESER	at (56) 602	-8906	
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Capy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
	ING ADDRESS:	STREET/COUR		
	ration Section on of Corporations	Registration Section		
	ox 6327	Division of Corpo Clifton Building	gauons	
Tallaha	assee, FL 32314	266 Executive Co		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ed Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ Florida document number \_ \_ L 17000 Z C This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

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

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

	Authorized Person(s) authorized to if from our records:	manage, enter the title, name, and address of eac	h person being added
MGR = M: AMBR = At	anager athorized Member		
<u>Title</u>	Name FIRST LAST	Address	Type of Action
MGR	Name FIRST LAST BARIS KESER	1756 N. BAYSHORE DRIVE MIRMI, FL 33132	Add
		MIAMI, 72 33132	□ Remove
			Change
MGR	NOEL KESER		Change
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effectiv	ve date is listed, the	date must be sp	ecific and car	nnot be prior to	dale o	f filing or mo	re than 90 o	lays after fil	ling.) Pursuai	nt to 605.0	020
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Filing Fee: \$25.00