180000 94869

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Duning and Entitle Name)				
(Business Entity Name)				
(Document Number)				
Copies Certificates of Status				
Instructions to Filing Officer:				
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

CUPCORN ECT :	3.1				
	Name of Lim	ited Liability Company			
nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	Blank I State of the State of t		
return all correspo	ondence concerning this matter	to the following:			
	TAYLAN C SAKARYA				
	Name of Person CUPCORN MIA, LLC				
		Firm/Company			
	11085 NW 39TH STREET APT 306				
	SUNRISE, FL 33351	Address			
	SAKARYAUSLLC@GMA				
ther information o	E-mail address: (concerning this matter, please co	to be used for future annual report notifiall:	ection)		
.AN C SAKARYA		954 842-8756			
Name of Person		Area Code Daytime	Telephone Number		
ed is a check for t	he following amount:				
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)		
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	ı		

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF		T .
ARTICLES OF (O ORGANIZATI OF	on our records.) 3/2018 and our ignerial
CUPCORN MIA, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears (Liability Company)	on our records.)
ticles of Organization for this Limited Liability Company	were filed on $\frac{04712}{1}$	3/2018 and assigned
document number L18000094869		
nendment is submitted to amend the following:		
-		
imending name, <u>enter the new name of the limited liah</u>	omy company nero	<u>e</u> :
RYA, LLC name must be distinguishable and contain the words "Limited Liabi	ility Company " the desi	ignation "LLC" or the abbreviation "LLC"
·		STREET APT 306
new principal offices address, if applicable:	SUNRISE, FL 333	
pal office address MUST BE A STREET ADDRESS)	SUNKISE, FL 33.	551
	11095 NAV 20TH	STREET APT 306
new mailing address, if applicable:	SUNRISE, FL 333	
ig address MAY BE A POST OFFICE BOX)	SUNKISE, FL 33.	331
amending the registered agent and/or registered o	office address on o	our records, enter the name of the nev
red agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		Florida
	City	Zip Code
egistered Agent's Signature, if changing Registered Agent:	<u>:</u>	
by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete the obligations of my position as registered agent as filled to merely reflect a change in the registered office by has been notified in writing of this change.	eperformance of m provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
1f Cha	inging Registered Agen	nt, Signature of New Registered Agent

nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added moved from our records:

R = Manager

BR = Authorized Member

Name	Address	Type of Action
		□ Remove
		☐ Change
		☐ Remove
		Change
		□ Remove
		Change
		Remove
		Change
		☐ Remove
	*	Change
		Add
		□ Remove
		□ Change

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-		
		
		
	02/28/2019	
fective date, if other than the da	ite of filing:	(optional)
nte: If the date inserted in this block	t does not meet the applicable statutory filing rec	quirements, this date will not be listed as the
cument's effective date on the Depa		
record specifies a delayed e	ffective date, but not an effective time	e, at 12:01 a.m. on the earlier of:
The 90th day after the record		
ted FEBRUARY 28	2019	
///		
y Sally		
Si	gnature of a member or authorized representative of a	member
r		
TAYLAN C SAKARYA		
	Typed or printed name of signee	

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00