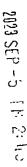


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer.





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COVER LETTER

	ion Section of Corporations			
	RITTANY LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articl	les of Amendment and fee(s) are sul	bmitted for filing.		
Please return all cor	rrespondence concerning this matter	r to the following:		
	VEDAT O. COKGOREN			
		Name of Person		
	564 BRITTANY LLC			
564 BRITTANY LLC Firm/Company 7067 ALISO AVENUE Address				
	7067 ALISO AVENUE			
		Address		
	WEST PALM BEACH, F	FL 33413		
		City/State and Zip Code		
	VCOKGOREN@HOTMA	IL.COM (to be used for future annual report notification)		
For further informa	tion concerning this matter, please of	•		
VEDAT COKGOR	REN	561 352-4242 at ()		
N	lame of Person	at ()	e Number	
Enclosed is a check	for the following amount:	ſ		
□ \$25.00 Filing F	Fee S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
_	tion Section	Street Address: Registration Section		
Division P.O. Box	of Corporations x 6327	Division of Corporation The Centre of Tallahass		
	see, FL 32314	2415 N. Monroe Street,		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP -5 Fr 2:45

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

(B Florida Company)

(C Florida Company)

(A Florida Limited Liability Company)

(B Florida Company)

(B Florida Company)

(C Florida Company)

(A Florida Limited Company)

(B Florida Company)

(B Florida Company)

(B Florida Company)

(C Florida Company)

(A Florida Limited Company)

(B Florida Company)

(C Florida Company

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
_	. Florida

City

New Registered Agent's Signature, if changing Registered Agent:

(Mailing address MAY BE A POST OFFICE BOX)

564 BRITTANY LLC

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

Zip Code

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	AYSEGUL COKGOREN	7067 ALISO AVE	■Add
		WEST PALM BEACH, FL 33413	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
		·	□Add
			□Remove

	-	
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effecti <u>e:</u> If t	date, if other than the date of filing:	
ord sp filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th c	lay after th
ed	August /29/ . 2023.	
	Signature of a member or authorized representative of a member	
	Vedat O. Cokgores Typed or printed name of signee	