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Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,

Account Number : 075350000353

Phone : (800)221-2972

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** ♀

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KARTAL RESTAURANT GROUP, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KARTAL RESTAURANT GROUP, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our inda Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L18000181157	y Company were filed on 07/27/2018	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited 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 AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		
Name of New Registered Agent:		7
New Registered Office Address:	Enter Florida street e	ndiress
		, Florida
	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>	Name	Address	Type of Action
MGR/AMBR	KAYTMAZ, TURGUT	222 30TH ST	
		WEST PALM BEACH, FL 33401	D var
			□ Remove
			☐ Change
AMBR	KAHVECI, YASEMIN	5600 N FLAGLER DR APT 1203	
		WEST PALM BEACH, FL 33407	
			□ Remove
			Change
AMBR	SEZEN, CENK	5600 N FLAGLER DR APT 1203	
		WEST PALM BEACH, FL 33407	
			☐ Remove
			☐ Change
AMBR	RAMOS RAMIREZ, JAIRO J.	1890 Smith Dr.	
		North Palm Beach, FL 33408	
			□ Remove
			Charles
AMBR	RAMIREZ RAMOS, JAIRO JOSUE	1890 Smith Dr.	HASSE AND
		North Palm Beach, FL 33408	For Remove
			Do dange
	RAMIREZ RAMOS, JAIRO JOSUE		☐ Add
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8/2/2018		
### 8/2/2018 ### Greetive date, if other than the date of filing:	(optional) han 90 days after filing.) Pursuant to 605 quirements, this date will not be liste	5.02 ed :
e record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. on the earlie	er c
November 6, 2018		
ented		
Signature of a member or authorized representative of a	rney	

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Filing Fee: \$25.00