L18000269684

(Requestor's Name) (Address) (Address)	90036936
(City/State/Zip/Phone #)	ITT ED1.E -
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ULU INTERN	ATIONAL TI	RADING LLC		
(Name of the Limited Li (A F	jability Compa Jorida Limited I	ny as <mark>it now appears on our records</mark> nability Company)		
The Articles of Organization for this Limited Liabil Florida document number <u>1.18000269684</u>	ity Company	were filed on	and	assigned
This amendment is submitted to amend the followin	g:			
A. If amending name, enter the new name of the	limited liabi	lity company here:		
he new name must be distinguishable and contain the words	"Limited Liabil	ity 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)	:	IN CARE OF BEE SQUARE TAX SERVI CE		
		1650 SAND LAKE RD STE 115		
		ORLANDO, FL. 32809		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		IN CARE OF BEE SQUARE	TAX SERVICE	
		1650 SAND LAKE RD STE 1	15	
		ORLANDO, FL. 32809		(2)
3. If amending the registered agent and/or regist agent and/or the new registered office address he		ddress on our records, <u>enter t</u>	the name of the	new registere
Name of New Registered Agent:	REBECCA L	WILLIAMS, E.A.	<u>;</u>	.]
		AKE RD STE 15	# 2 2	— در
		Enter Florida street address	Ξ	
	ORLANDO,	Flo	rida <u>32809</u>	
_		City	Zip Ce	nde

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.

Here L Willton

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
AMBR	ABDULKADIR ULUDUZ	IN CARE OF BEE SQUARE TAX SERVICE	□Add
		1650 SAND LAKE RD STE 115	□Remove
		OREANDO, FL, 32809	■ Change
			🗀 Add
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.0207 (3) rements, this date will not be listed as the
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ord is filed.	earlier of: (b) The 90th day after the
Dated May 19 . 2021	
)	
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Filing Fee: \$25.00