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COVER LETTER

| Division of Corp | | | | |
|-----------------------------|--|---|--|---|
| SUBJECT: PSSC | ATORE PEST | AURANT CROUP ted Liability Company | > LLC | |
| The enclosed Articles of A | amendment and fee(s) are subr | nitted for filing. | | |
| Please return all correspon | dence concerning this matter t | o the following: | | |
| | CEN | K SEZEN Name of Person | · | |
| | PESCATURI | E PESTAURAN Firm/Company | IT GROW LL | ے |
| | 1600 N D | 1 K 1 = HWY Address | ····· | |
| | WEST PALM | BEACH, FL | 33407 | |
| | PESCATORE E-mail address: (16 | EWPB@GMAIL o be used for future annual report noti | ication | |
| For further information co. | ncerning this matter, please ca | II: | | |
| CENIK SET | | at (S61) 701- Area Code Daytim | | |
| Enclosed is a check for the | following amount: | | | |
| 12. \$25.00 Filing Fee | [] \$30.00 Filing Fee & Certificate of Status | I 1 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | El \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo | |

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Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1. | A Florida Limited Liabilit | y Company) | | |
|--|----------------------------|---------------------------------|-----------------------|----------------------|
| The Articles of Organization for this Limited Lia Florida document number <u>L1900000</u> | | filed on <u>01</u> / | 07/19 | _ and assigned |
| This amendment is submitted to amend the follow | wing: | | | |
| A. If amending name, enter the new name of | the limited liability o | ompany here: | | |
| The new name must be distinguishable and contain the wo | ords "Limited Liability Co | mpany." the designation | a "LLC" or the abbrev | ciation "L.L.C." |
| Enter new principal offices address, if applica | ble: | | ·-· | - 22 <u>- D</u> |
| (Principal office address MUST BE A STREET | "ADDRESS) | - | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | | · · | | PH 3: 27 |
| B. If amending the registered agent and/or registered office address | | ss on our records, | enter the name o | f the new registered |
| Name of New Registered Agent: | LENK. | SEZ | 5 N | |
| New Registered Office Address: | 1600 N | DIXIE H Enter Florida street | ∧ X address | |
| | WEST PAI | LM BEACH | }, Florida <u> </u> | 3487 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> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|---------------------|-----------------------------------|
| 4 <u>MBR</u> | LENK SEZEN | 1600 N DIXIE HWY | □Add |
| Ì | | WEST PALM BEACH, FI | <u> </u> |
| V | | 33407 | A hange |
| MGZ | CENK SEZEN | 1602 N DIXLE HWY | SECUE LA VISION OF SECUE LA |
| | | WEST PALM BEACH FL | — Ekemêyê E |
| | | 33407 | က် ကြင်း ကြွင်း ကြွင်း |
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| * Uni | LE CENK SEZ | EN MANAGER AND | <u> </u> |
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