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COVER LETTER

Registration Section

Division of Corporations

TO:

CUDIFICATION COMP			
SUBJECT:	SKUD LLC Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	SONER	Name of Person	<u> </u>
	COSKUNL	∠_C Firm/Company	
	26 Walcot	4 Driver Address	
	Boyton Bo	each, F4, 334 City/State and Zip Code 10 gmoil-com to be used for future annual report noti	226
For further information c	E-mail address: () oncerning this matter, please ca		tication)
SONER Name o	COSKUN Person	at (<u>561</u>) <u>5</u> 70 Area Code Daytin:	D290 ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 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)
Mailing Address Registration Solvision of Control P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee oe Street, Suite 810

5.C. Jhn

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000080000</u> .	were filed on 03/22/2019 amassigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	26 Walcott Brive Boyton Beach, FL, 33426
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	26 Walcott Prive Boyton Beach, FL, 33426
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: 50 NE	R COSKUN
New Registered Office Address: 26 w	R COSKUN Adcott Dr Enter Florida street address

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

COSKUN 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

Boyton Beach Florida 33426

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	SONER COSKUN	26 walcott Dr.	Mdd
		Boyton Beach, FL, 3342	26 □Remove
			🗆 Change
<u>M6R</u>	TARIK COSKUN	26 walcott Dr	U Add
		Boyton Beach, FL, 33426	/ □Remove
			□Change
			🗆 Add
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ote: If the date inserted in this block does not meet the app	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 605 plicable statutory filing requirements, this date will not be listed	5. 02 0° ed as
ocument's effective date on the Department of State's reco	rds,	
record specifies a delayed effective date, but not an effective is filed.	re time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
02/24/2020		
ated 03/31/2020		
pated 03/31/2020 / hv.	uthorized representative of a member	