LIA COO 127734

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(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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T. MATTHEWS MAY 2 6 2022

COVER LETTER

TO:

	tion Secti of Corpo				
Pure SUBJECT:	Rose, LI	C			
SUBJECT:		Name of Limi	ited Liability Company		-
The enclosed Arti	cles of Ar	nendment and fee(s) are sub	mitted for tiling.		
Please return all co	orrespond	ence concerning this matter	to the following:		
		Kadir Boylu			
			Name of Person		_
		KSB Group, LLC			
			Firm/Company		_
		2504 NW 2nd Ave			
			Address		_
		Boca Raton, FL 33431			
			City/State and Zip Code		_
		kadirboylu@gmail.com			_
		E-mail address: (t	to be used for future annual rep	ort notification)	_
For further inform	ation con	cerning this matter, please ca	all:		
Kadir Boylu			561 409-6	6154	
	Name of P	erson	Area Code	Daytime Telephone Numb	ner .
Enclosed is a chec	k for the	following amount:			
■ \$25.00 Filing	Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	Certifi ed) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
<u>Mailing</u> Registr	Address: ation Se	ction	Street Add Registrati	ress: on Section	
_		porations	_	of Corporations	
P.O. Bo	ox 6327	•	The Centi	re of Tallahassee	
Tallaha	ssee, FL	. 32314	2415 N. N	Aonroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATIONS OF CORPORATIONS OF 22 APR 18 AM 8: 56

PURE ROSE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/10/2019}{1}$ ___ and assigned Florida document number L19000127734 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

Enter Florida street address

, Florida

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
President	Boylu, Ozgun	2504 NW 2nd Ave	■Add
		Boca Raton, FL 33431	□Remove
			Change
			
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$\angle \circ \wedge$	April 12th		2022	. •			
Signature of a member or authorized representative of a member	i/	_ ^					
, and the state of		Signature of a m	nember or authori	zed representative	of a member		_
			in addition	2. representative			

Filing Fee: \$25.00